

Before Starting the CoC Application

The CoC Consolidated Application is made up of two parts: the CoC Application and the CoC Priority Listing, with all of the CoC's project applications either approved and ranked, or rejected. The Collaborative Applicant is responsible for submitting both the CoC Application and the CoC Priority Listing in order for the CoC Consolidated Application to be considered complete.

The Collaborative Applicant is responsible for:

- Reviewing the FY 2015 CoC Program Competition NOFA in its entirety for specific application and program requirements.
- Using the CoC Application Detailed Instructions for assistance with completing the application in e-snaps.
- Answering all questions in the CoC Application. It is the responsibility of the Collaborative Applicant to ensure that all imported and new responses in all parts of the application are fully reviewed and completed. When doing so, please keep in mind that:
 - This year, CoCs will see that a few responses have been imported from the FY 2013/FY 2014 CoC Application. Due to significant changes to the CoC Application questions, most of the responses from the FY 2013/FY 2014 CoC Application could not be imported.
 - For some questions, HUD has provided documents to assist Collaborative Applicants in filling out responses.
 - For other questions, the Collaborative Applicant must be aware of responses provided by project applicants in their Project Applications.
 - Some questions require that the Collaborative Applicant attach a document to receive credit. This will be identified in the question.
 - All questions marked with an asterisk (*) are mandatory and must be completed in order to submit the CoC Application.

For Detailed Instructions click [here](#).

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

1A-1. CoC Name and Number: NM-500 - Albuquerque CoC

1A-2. Collaborative Applicant Name: City of Albuquerque

1A-3. CoC Designation: CA

1A-4. HMIS Lead: New Mexico Coalition to End Homelessness

1B. Continuum of Care (CoC) Engagement

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

1B-1. From the list below, select those organizations and persons that participate in CoC meetings. Then select "Yes" or "No" to indicate if CoC meeting participants are voting members or if they sit on the CoC Board. Only select "Not Applicable" if the organization or person does not exist in the CoC's geographic area.

Organization/Person Categories	Participates in CoC Meetings	Votes, including electing CoC Board	Sits on CoC Board
Local Government Staff/Officials	Yes	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
Law Enforcement	No	No	No
Local Jail(s)	No	No	No
Hospital(s)	Yes	No	No
EMT/Crisis Response Team(s)	No	No	No
Mental Health Service Organizations	Yes	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes	Yes
Public Housing Authorities	Yes	No	No
CoC Funded Youth Homeless Organizations	Not Applicable	Not Applicable	Not Applicable
Non-CoC Funded Youth Homeless Organizations	Yes	Yes	No
School Administrators/Homeless Liaisons	No	No	No
CoC Funded Victim Service Providers	Yes	Yes	No
Non-CoC Funded Victim Service Providers	No	No	No
Street Outreach Team(s)	Yes	Yes	No
Youth advocates	Yes	Yes	No
Agencies that serve survivors of human trafficking	No	No	No
Other homeless subpopulation advocates	Yes	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes	Yes
Private Foundations	Yes	No	No
Supportive Services for Veteran Families Provider (SSVF)	Yes	Yes	No
Agencies that serve homeless families	Yes	Yes	Yes

**1B-1a. Describe in detail how the CoC solicits and considers the full range of opinions from individuals or organizations with knowledge of homelessness in the geographic area or an interest in preventing and ending homelessness in the geographic area. Please provide two examples of organizations or individuals from the list in 1B-1 to answer this question.
(limit 1000 characters)**

The Albuquerque CoC holds monthly meetings at a regular date, time and location. The meetings are open to all organizations and individuals interested in ending homelessness in Albuquerque, regardless of whether they are a formal member of the Continuum of Care. The NM Coalition to End Homelessness, which helps the City of Albuquerque coordinate the monthly CoC meetings, maintains an email list for this group; the list includes both CoC members and non-members. A meeting agenda is emailed out before every meeting. The meetings cover both CoC related business and other issues. Goodwill Industries, which administers the SSVF program, participates in the CoC meetings and has helped develop our strategy to end veteran homelessness and participates on the Zero: 2016 Planning Committee. CLNkids serves homeless families with children and is a member of the CoC. A representative of CLNkids sits on the CoC Board to represent the needs of homeless families and children.

1B-1b. List Runaway and Homeless Youth (RHY)-funded and other youth homeless assistance providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area. Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.

Youth Service Provider (up to 10)	RHY Funded?	Participated as a Voting Member in at least two CoC Meetings within the last 12 months (between October 1, 2014 and November 15, 2015).	Sat on the CoC Board as active member or official at any point during the last 12 months (between October 1, 2014 and November 15, 2015).
Youth Development Inc (YDI)	Yes	No	No
A New Day Youth & Family Services	Yes	No	No
Casa Q	No	Yes	No

1B-1c. List the victim service providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area. Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.

Victim Service Provider for Survivors of Domestic Violence (up to 10)	Participated as a Voting Member in at least two CoC Meetings within the last 12 months (between October 1, 2014 and November 15, 2015).	Sat on CoC Board as active member or official at any point during the last 12 months (between October 1, 2014 and November 15, 2015).
SAFE House	Yes	No
Enlace	No	No

1B-2. Does the CoC intend to meet the timelines for ending homelessness as defined in Opening Doors?

Opening Doors Goal	CoC has established timeline?
End Veteran Homelessness by 2015	Yes
End Chronic Homelessness by 2017	Yes
End Family and Youth Homelessness by 2020	Yes
Set a Path to End All Homelessness by 2020	Yes

**1B-3. How does the CoC identify and assign the individuals, committees, or organizations responsible for overseeing implementation of specific strategies to prevent and end homelessness in order to meet the goals of Opening Doors?
(limit 1000 characters)**

In 2014, the Albuquerque CoC membership approved the City of Albuquerque and the NM Coalition to End Homelessness (NMCEH)'s application to be part of the Zero: 2016 initiative, which has the goal of ending vet homelessness by 2015 and chronic homelessness (CH) by end of 2016. The CoC was selected to participate, and NMCEH is the lead agency for Zero: 2016 in NM. The NMCEH is also the lead agency for the Coordinated Assessment System (CAS), which is the core of our strategy for ending vet homelessness and CH. After a Zero: 2016 Action Camp led by Community Solutions, the CoC identified the need for a local Zero: 2016 committee that would monitor progress in ending veteran/CH homelessness and review the by-name list to ensure they were being housed quickly. This committee is led by NMCEH and is open to any agency that has formally joined the CAS by signing the HMIS data sharing agreement.

1B-4. Explain how the CoC is open to proposals from entities that have not previously received funds in prior CoC Program competitions, even if the CoC is not applying for any new projects in 2015. (limit 1000 characters)

The NM Coalition to End Homelessness (NMCEH) helps coordinate the CoC. In 2015 the NMCEH sent 2 emails before NOFA was released to agencies - including many that do not receive CoC funding - offering to help them develop their CoC projects in case new funding was available. Two agencies that do not currently receive CoC funding met with NMCEH staff. The Independent Review Committee released an RFP to solicit proposals for new projects once the NOFA was released. The RFP stated that the NMCEH could review draft proposals up to the deadline as a way to help support new applicants to the CoC. One new applicant submitted a draft proposal for review. All proposals that were received by the deadline were evaluated by the IRC. The scored criteria include extent to which project uses Housing First, relevant experience, plan for providing services, financial stability and anticipated outcomes. The highest scoring projects were selected to apply to HUD for new CoC funding.

1B-5. How often does the CoC invite new members to join the CoC through a publicly available invitation?

Annually

1C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

1C-1. Does the CoC coordinate with other Federal, State, local, private and other entities serving homeless individuals and families and those at risk of homelessness in the planning, operation and funding of projects? Only select "Not Applicable" if the funding source does not exist within the CoC's geographic area.

Funding or Program Source	Coordinates with Planning, Operation and Funding of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Yes
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Yes
HeadStart Program	Yes
Other housing and service programs funded through Federal, State and local government resources.	Yes

1C-2. The McKinney-Vento Act, as amended, requires CoCs to participate in the Consolidated Plan(s) (Con Plan(s)) for the geographic area served by the CoC. The CoC Program interim rule at 24 CFR 578.7(c)(4) requires that the CoC provide information required to complete the Con Plan(s) within the CoC's geographic area, and 24 CFR 91.100(a)(2)(i) and 24 CFR 91.110(b)(1) requires that the State and local Con Plan jurisdiction(s) consult with the CoC. The following chart asks for information about CoC and Con Plan jurisdiction coordination, as well as CoC and ESG recipient coordination.

CoCs can use the CoCs and Consolidated Plan Jurisdiction Crosswalk to assist in answering this question.

	Number	Percentage
Number of Con Plan jurisdictions with whom the CoC geography overlaps	1	
How many Con Plan jurisdictions did the CoC participate with in their Con Plan development process?	1	100.00 %
How many Con Plan jurisdictions did the CoC provide with Con Plan jurisdiction level PIT data?	1	100.00 %
How many of the Con Plan jurisdictions are also ESG recipients?	1	
How many ESG recipients did the CoC participate with to make ESG funding decisions?	1	100.00 %

How many ESG recipients did the CoC consult with in the development of ESG performance standards and evaluation process for ESG funded activities?	1	100.00 %
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**1C-2a. Based on the responses selected in 1C-2, describe in greater detail how the CoC participates with the Consolidated Plan jurisdiction(s) located in the CoC's geographic area and include the frequency, extent, and type of interactions between the CoC and the Consolidated Plan jurisdiction(s).
(limit 1000 characters)**

The City of Albuquerque (ABQ) is the Consolidated Plan jurisdiction for the ABQ CoC and is also the Collaborative Applicant for the ABQ CoC. The City of ABQ participates in the 1.5 hour monthly CoC meetings and also has a representative on the Albuquerque CoC Board which meets quarterly for 1 hour. The City specifically engages the CoC when developing the Consolidated Plan, and CoC members participate in the development of this Plan. In 2012 the City of Albuquerque developed their 2013-2017 Consolidated Plan. The City held a series of focus groups which many CoC members attend. The City also did an online survey which was completed by many CoC members and CoC clients. The City held a Public Hearing for its 2016 Action Plan on 9/22/15. CoC members were invited to attend this meeting and 10 attended. The City developed draft written standards for ESG projects in August 2015; these were presented at the September CoC member meeting for feedback and approval.

**1C-2b. Based on the responses selected in 1C-2, describe how the CoC is working with ESG recipients to determine local ESG funding decisions and how the CoC assists in the development of performance standards and evaluation of outcomes for ESG-funded activities.
(limit 1000 characters)**

The City of Albuquerque (The City) is the recipient of ESG funding within the Albuquerque (ABQ) CoC, and is the Collaborative Applicant. The City attends the monthly CoC meetings and serves on the ABQ CoC Board which meets quarterly. The 5 organizations that are ABQ ESG sub-recipients are voting members of the CoC. The CoC Governance Charter includes a process for monitoring ESG recipients. The City contracts with the NM Coalition to End Homelessness, a member of the CoC, to evaluate and monitor ESG sub-recipients. NMCEH evaluates performance outcomes for those ESG programs using HMIS data. CoC members participate in the public process for allocating ESG funds. The City held a Public Hearing for its 2016 Action Plan, which includes it plans for spending ESG funds, on 9/22/15. 10 CoC members attended and at least 1 member submitted written comment. The City presented draft written standards for ESG projects in August 2015; these were presented at the September CoC member meeting.

1C-3. Describe the how the CoC coordinates with victim service providers and non-victim service providers (CoC Program funded and non-CoC funded) to ensure that survivors of domestic violence are provided housing and services that provide and maintain safety and security. Responses must address how the service providers ensure and maintain the safety and security of participants and how client choice is upheld. (limit 1000 characters)

Scen.A: If the household feels the non-DV agency can best meet their needs, the agency will serve them. Non-DV providers can enter client info anonymously into HMIS in order to protect client safety. If the household needs a DV provider, they will be referred to SAFE House, which has an emergency shelter and CoC and Dept. of Justice funded TH programs for DV victims. The Coordinated Assessment System (CAS) lead agency is working with DV providers to develop procedures for DV victims to safely use the CAS.

Scen. B: Many DV victims first access help through SAFE House. SAFE House will assess whether they need or want a DV specific program, in which case they can access SAFE House resources. If not, SAFE House will help assess what other housing options in the CoC would be the most appropriate fit for that household, and will refer them to the appropriate CoC or ESG program. The CAS lead agency is working with DV providers to develop procedures for DV victims to safely use the CAS.

1C-4. List each of the Public Housing Agencies (PHAs) within the CoC's geographic area. If there are more than 5 PHAs within the CoC's geographic area, list the 5 largest PHAs. For each PHA, provide the percentage of new admissions that were homeless at the time of admission between October 1, 2014 and March 31, 2015, and indicate whether the PHA has a homeless admissions preference in its Public Housing and/or Housing Choice Voucher (HCV) program. (Full credit consideration may be given for the relevant excerpt from the PHA's administrative planning document(s) clearly showing the PHA's homeless preference, e.g. Administration Plan, Admissions and Continued Occupancy Policy (ACOP), Annual Plan, or 5-Year Plan, as appropriate).

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program from 10/1/14 to 3/31/15 who were homeless at entry	PHA has General or Limited Homeless Preference
Albuquerque Housing Authority		No
Bernalillo County Housing Department	4.73%	No

1C-5. Other than CoC, ESG, Housing Choice Voucher Programs and Public Housing, describe other subsidized or low-income housing opportunities that exist within the CoC that target persons experiencing homelessness. (limit 1000 characters)

The City of Albuquerque funds a Housing First Permanent Supportive Housing Program for people experiencing chronic homelessness(240 units) using General Fund dollars. The City uses some HOME dollars to provide Tenant Based Rental Assistance vouchers (45 units) for homeless households. Both programs are integrated with the CoC's Coordinated Assessment System. The state of NM funds a program called Linkages, which provides housing vouchers for people experiencing homelessness with mental illness (24 units). NM also gives priority to Low Income Tax Credit housing projects that set aside units for special needs populations, including people experiencing homelessness. The Albuquerque Housing Authority and Bernalillo County Housing Department administer VASH vouchers (271 units) and Albuquerque has two programs that administer Supportive Services for Veteran Families (SSVF) funds (44 units).

1C-6. Select the specific strategies implemented by the CoC to ensure that homelessness is not criminalized in the CoC's geographic area. Select all that apply. For "Other," you must provide a description (2000 character limit)

Engaged/educated local policymakers:	<input checked="" type="checkbox"/>
Engaged/educated law enforcement:	<input checked="" type="checkbox"/>
Implemented communitywide plans:	<input type="checkbox"/>
No strategies have been implemented:	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

1D-1. Select the systems of care within the CoC's geographic area for which there is a discharge policy in place that is mandated by the State, the CoC, or another entity for the following institutions? Check all that apply.

Foster Care:	<input checked="" type="checkbox"/>
Health Care:	<input type="checkbox"/>
Mental Health Care:	<input checked="" type="checkbox"/>
Correctional Facilities	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

1D-2. Select the systems of care within the CoC's geographic area with which the CoC actively coordinates to ensure that institutionalized persons that have resided in each system of care for longer than 90 days are not discharged into homelessness. Check all that apply.

Foster Care:	<input type="checkbox"/>
Health Care:	<input type="checkbox"/>
Mental Health Care:	<input type="checkbox"/>
Correctional Facilities:	<input type="checkbox"/>
None:	<input checked="" type="checkbox"/>

**1D-2a. If the applicant did not check all boxes in 1D-2, explain why there is no coordination with the institution(s) and explain how the CoC plans to coordinate with the institution(s) to ensure persons discharged are not discharged into homelessness.
(limit 1000 characters)**

There is coordination taking place with these systems, but we did not check any boxes per HUD's instructions that the box be left blank if people are still being routinely discharged into homelessness which is, unfortunately, still the case. The City and County have started a new PSH project for people in the local jail who have behavioral health disabilities. Once fully implemented, it should significantly reduce those being discharged to homelessness. Albuquerque Heading Home is a initiative to house the most medically vulnerable chronically homeless, which has reduced the number of people discharged from the health care system into homelessness. Local homeless youth providers work with the foster care system to prevent discharges into homelessness. Finally, the NM Human Services Department is leading a taskforce to increase supportive housing for people with behavioral health disabilities that will reduce discharges from the mental health system into homelessness.

1E. Centralized or Coordinated Assessment (Coordinated Entry)

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

CoCs are required by the CoC Program interim rule to establish a Centralized or Coordinated Assessment system – also referred to as Coordinated Entry. Based on the recent Coordinated Entry Policy Brief, HUD’s primary goals for coordinated entry processes are that assistance be allocated as effectively as possible and that it be easily accessible regardless of where or how people present for assistance. Most communities lack the resources needed to meet all of the needs of people experiencing homelessness. This combined with the lack of a well-developed coordinated entry processes can result in severe hardships for persons experiencing homelessness who often face long wait times to receive assistance or are screened out of needed assistance. Coordinated entry processes help communities prioritize assistance based on vulnerability and severity of service needs to ensure that people who need assistance the most can receive it in a timely manner. Coordinated entry processes also provide information about service needs and gaps to help communities plan their assistance and identify needed resources.

**1E-1. Explain how the CoC’s coordinated entry process is designed to identify, engage, and assist homeless individuals and families that will ensure those who request or need assistance are connected to proper housing and services.
(limit 1000 characters)**

Homeless households can access the Coordinated Assessment System (CAS) at all CoC and ESG locations and other organizations (including 3 drop-in sites) by completing the CAS’s common assessment tool (the VI-SPDAT) at these locations. By Dec 2016 the CAS lead agency will distribute a small outreach card about the CAS that agencies/outreach teams can distribute to homeless households. The VI-SPDAT, with the participant's written consent, is then entered in to the NM HMIS to be scored and matched to the appropriate supportive housing program. The VI-SPDAT has a scoring logic that coincides with recommended housing interventions, and also contains questions that can help determine program specific eligibility (i.e. veteran status). The Albuquerque CoC uses the scoring and housing interventions recommended from VI-SPDAT to make initial referrals. The CAS staff also assists in housing navigation during the referral process to ensure that participants are efficiently provided housing options.

1E-2. CoC Program and ESG Program funded projects are required to participate in the coordinated entry process, but there are many other organizations and individuals who may participate but are not required to do so. From the following list, for each type of organization or individual, select all of the applicable checkboxes that indicate how that organization or individual participates in the CoC's coordinated entry process. If the organization or person does not exist in the CoC's geographic area, select "Not Applicable." If there are other organizations or persons that participate not on this list, enter the information, click "Save" at the bottom of the screen, and then select the applicable checkboxes.

Organization/Person Categories	Participates in Ongoing Planning and Evaluation	Makes Referrals to the Coordinated Entry Process	Receives Referrals from the Coordinated Entry Process	Operates Access Point for Coordinated Entry Process	Participates in Case Conferencing	Not Applicable
Local Government Staff/Officials	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CDBG/HOME/Entitlement Jurisdiction	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Law Enforcement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Local Jail(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EMT/Crisis Response Team(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mental Health Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Substance Abuse Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Affordable Housing Developer(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Housing Authorities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-CoC Funded Youth Homeless Organizations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School Administrators/Homeless Liaisons	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-CoC Funded Victim Service Organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Street Outreach Team(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homeless or Formerly Homeless Persons	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Applicant: Albuquerque CoC

NM-500

Project: NM-500 CoC Registration FY2015

COC_REG_2015_121721

Supportive Services for Veteran Family Programs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Medicaid Managed Care Organization (MCOs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New Mexico Veterans Administration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1F. Continuum of Care (CoC) Project Review, Ranking, and Selection

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

1F-1. For all renewal project applications submitted in the FY 2015 CoC Program Competition complete the chart below regarding the CoC's review of the Annual Performance Report(s).

How many renewal project applications were submitted in the FY 2015 CoC Program Competition?	20
How many of the renewal project applications are first time renewals for which the first operating year has not expired yet?	0
How many renewal project application APRs were reviewed by the CoC as part of the local CoC competition project review, ranking, and selection process for the FY 2015 CoC Program Competition?	20
Percentage of APRs submitted by renewing projects within the CoC that were reviewed by the CoC in the 2015 CoC Competition?	100.00%

1F-2. In the sections below, check the appropriate box(s) for each section to indicate how project applications were reviewed and ranked for the FY 2015 CoC Program Competition. (Written documentation of the CoC's publicly announced Rating and Review procedure must be attached.)

Type of Project or Program (PH, TH, HMIS, SSO, RRH, etc.)	<input checked="" type="checkbox"/>
Performance outcomes from APR reports/HMIS	
Length of stay	<input type="checkbox"/>
% permanent housing exit destinations	<input checked="" type="checkbox"/>
% increases in income	<input checked="" type="checkbox"/>
	<input type="checkbox"/>

Monitoring criteria	
Participant Eligibility	<input checked="" type="checkbox"/>
Utilization rates	<input checked="" type="checkbox"/>
Drawdown rates	<input type="checkbox"/>
Frequency or Amount of Funds Recaptured by HUD	<input checked="" type="checkbox"/>
Significant Findings from HUD or Financial Audit	<input checked="" type="checkbox"/>

Need for specialized population services	
Youth	<input type="checkbox"/>
Victims of Domestic Violence	<input checked="" type="checkbox"/>
Families with Children	<input checked="" type="checkbox"/>
Persons Experiencing Chronic Homelessness	<input checked="" type="checkbox"/>
Veterans	<input checked="" type="checkbox"/>
People with substance abuse/mental illness	<input checked="" type="checkbox"/>

None	<input type="checkbox"/>
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1F-2a. Describe how the CoC considered the severity of needs and vulnerabilities of participants that are, or will be, served by the project applications when determining project application priority. (limit 1000 characters)

The CoC has written criteria that the Independent Review Committee (IRC) uses to evaluate/ rank renewal projects. The criteria includes the project's housing and mainstream benefits/income outcomes. The IRC does not set a specific performance standard that it expects each project to meet. Instead, the IRC looks at the outcomes for each project, and compares it to how projects that are serving similar populations did on these outcomes when deciding whether to renew funding. The IRC considers specific vulnerabilities like substance abuse history, mental health disabilities, criminal justice involvement and chronic homelessness. The IRC uses a scored local criteria to determine to which projects can apply for new funding, and use of Housing First is the criteria that has the most points. New projects are ranked in order of their score. This way new projects that use a Housing First approach and thus screen in highly vulnerable populations are given highest ranking.

**1F-3. Describe how the CoC made the local competition review, ranking, and selection criteria publicly available, and identify the public medium(s) used and the date(s) of posting. In addition, describe how the CoC made this information available to all stakeholders. (Evidence of the public posting must be attached)
(limit 750 characters)**

The CoC Independent Review Committee (IRC) established evaluation criteria for renewal projects, with input from the CoC membership. The NM Coalition to End Homelessness (NMCEH), which helps the City coordinates the CoC, sent a letter to all CoC renewals with the criteria on 3/18/15. The IRC met to evaluate/rank the renewal projects; the results were emailed to the CoC membership on 10/16/15 and posted on NMCEH website on 10/23/15. For new CoC PH Bonus projects, the IRC developed a local RFP that was released via email to all potentially interested agencies on 9/25/15. The IRC met to select the new projects; the results were emailed to the CoC membership and new project applicants on 10/22/15 and posted on NMCEH website on 10/23/15.

1F-4. On what date did the CoC and Collaborative Applicant publicly post all parts of the FY 2015 CoC Consolidated Application that included the final project application ranking? (Written documentation of the public posting, with the date of the posting clearly visible, must be attached. In addition, evidence of communicating decisions to the CoC's full membership must be attached.)

1F-5. Did the CoC use the reallocation process in the FY 2015 CoC Program Competition to reduce or reject projects for the creation of new projects? (If the CoC utilized the reallocation process, evidence of the public posting of the reallocation process must be attached.) Yes

1F-5a. If the CoC rejected project application(s) on what date did the CoC and Collaborative Applicant notify those project applicants their project application was rejected in the local CoC competition process? (If project applications were rejected, a copy of the written notification to each project applicant must be attached.) 10/22/2015

1F-6. Is the Annual Renewal Demand (ARD) in the CoC's FY 2015 CoC Priority Listing equal to or less than the ARD on the final HUD-approved FY 2015 GIW? Yes

1G. Continuum of Care (CoC) Addressing Project Capacity

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

1G-1. Describe how the CoC monitors the performance of CoC Program recipients. (limit 1000 characters)

The City of Albuquerque contracts with the NM Coalition to End Homelessness (NMCEH) to monitor CoC Program recipients. NMCEH developed a risk analysis system for determining which projects to prioritize for a CoC Monitoring Visit. When NMCEH conducts a CoC monitoring visit, it reviews a sample of client files to ensure the recipient is collecting proper documentation and serving eligible participants. As part of the monitoring visit, NMCEH also assesses housing stability and mainstream benefits/income outcomes, compliance with HMIS standards, utilization rates and use of a Housing First approach. The CoC Independent Review Committee also monitors the performance of ALL CoC recipients during the annual evaluation/ranking process. During that process the IRC examines findings from HUD or financial audits, housing stability and benefits/income outcomes, utilization of the CoC's HMIS and Coordinated Assessment System, and if the grant had unexpended funds at the end of the operating year.

1G-2. Did the Collaborative Applicant review and confirm that all project applicants attached accurately completed and current dated form HUD 50070 and form HUD-2880 to the Project Applicant Profile in e-snaps? Yes

1G-3. Did the Collaborative Applicant include accurately completed and appropriately signed form HUD-2991(s) for all project applications submitted on the CoC Priority Listing? Yes

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2A-1. Does the CoC have a governance charter that outlines the roles and responsibilities of the CoC and the HMIS Lead, either within the charter itself or by reference to a separate document like an MOU? In all cases, the CoC's governance charter must be attached to receive credit. In addition, if applicable, any separate document, like an MOU, must also be attached to receive credit.

Yes

2A-1a. Include the page number where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document referenced in 2A-1. In addition, in the textbox indicate if the page number applies to the CoC's attached governance charter or the attached MOU.

Page 1 in Charter, Pages 1 and 2 in MOU

2A-2. Does the CoC have a HMIS Policies and Procedures Manual? If yes, in order to receive credit the HMIS Policies and Procedures Manual must be attached to the CoC Application.

Yes

2A-3. Are there agreements in place that outline roles and responsibilities between the HMIS Lead and the Contributing HMIS Organizations (CHOs)?

Yes

2A-4. What is the name of the HMIS software used by the CoC (e.g., ABC Software)?
Applicant will enter the HMIS software name (e.g., ABC Software).

ServicePoint

2A-5. What is the name of the HMIS software vendor (e.g., ABC Systems)?
Applicant will enter the name of the vendor (e.g., ABC Systems).

Bowman Systems

2B. Homeless Management Information System (HMIS) Funding Sources

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2B-1. Select the HMIS implementation coverage area: Statewide

*** 2B-2. In the charts below, enter the amount of funding from each funding source that contributes to the total HMIS budget for the CoC.**

2B-2.1 Funding Type: Federal - HUD

Funding Source	Funding
CoC	\$163,714
ESG	\$61,000
CDBG	\$0
HOME	\$0
HOPWA	\$0
Federal - HUD - Total Amount	\$224,714

2B-2.2 Funding Type: Other Federal

Funding Source	Funding
Department of Education	\$0
Department of Health and Human Services	\$0
Department of Labor	\$0
Department of Agriculture	\$0
Department of Veterans Affairs	\$0
Other Federal	\$0
Other Federal - Total Amount	\$0

2B-2.3 Funding Type: State and Local

Funding Source	Funding
City	\$57,640
County	\$0
State	\$12,500
State and Local - Total Amount	\$70,140

2B-2.4 Funding Type: Private

Funding Source	Funding
Individual	\$0
Organization	\$0
Private - Total Amount	\$0

2B-2.5 Funding Type: Other

Funding Source	Funding
Participation Fees	\$11,000
Other - Total Amount	\$11,000

2B-2.6 Total Budget for Operating Year	\$305,854
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2C. Homeless Management Information System (HMIS) Bed Coverage

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2C-1. Enter the date the CoC submitted the 2015 HIC data in HDX, (mm/dd/yyyy): 04/24/2015

2C-2. Per the 2015 Housing Inventory Count (HIC) indicate the number of beds in the 2015 HIC and in HMIS for each project type within the CoC. If a particular housing type does not exist in the CoC then enter "0" for all cells in that housing type.

Project Type	Total Beds in 2015 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter beds	388	75	140	44.73%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	520	118	285	70.90%
Rapid Re-Housing (RRH) beds	144	9	135	100.00%
Permanent Supportive Housing (PSH) beds	1,261	0	589	46.71%
Other Permanent Housing (OPH) beds	0	0	0	

**2C-2a. If the bed coverage rate for any housing type is 85% or below, describe how the CoC plans to increase this percentage over the next 12 months.
(limit 1000 characters)**

The HMIS Lead Agency will work with the NM Veterans Administration on possibly entering VADOM (which is 40 beds) and VASH (which is 288 beds) into HMIS, given the new guidance HUD released on this in August 2015. This will increase ES and PH coverage. The City of Albuquerque has begun using HMIS for its Housing First program, which is 260 PSH beds. The HMIS Lead Agency will continue to offer technical assistance and support to any non-ESG or CoC funded agency that decides it wants to use HMIS. There was a new TH program that was not using HMIS in January 2015 but is now using HMIS.

**2C-3. HUD understands that certain projects are either not required to or discouraged from participating in HMIS, and CoCs cannot require this if they are not funded through the CoC or ESG programs. This does NOT include domestic violence providers that are prohibited from entering client data in HMIS. If any of the project types listed in question 2C-2 above has a coverage rate of 85% or below, and some or all of these rates can be attributed to beds covered by one of the following programs types, please indicate that here by selecting all that apply from the list below.
(limit 1000 characters)**

VA Domiciliary (VA DOM):	<input checked="" type="checkbox"/>
VA Grant per diem (VA GPD):	<input type="checkbox"/>
Faith-Based projects/Rescue mission:	<input checked="" type="checkbox"/>
Youth focused projects:	<input checked="" type="checkbox"/>
HOPWA projects:	<input type="checkbox"/>
Not Applicable:	<input type="checkbox"/>

2C-4. How often does the CoC review or assess its HMIS bed coverage? Annually

2D. Homeless Management Information System (HMIS) Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2D-1. Indicate the percentage of unduplicated client records with null or missing values and the percentage of "Client Doesn't Know" or "Client Refused" during the time period of October 1, 2013 through September 30, 2014.

Universal Data Element	Percentage Null or Missing	Percentage Client Doesn't Know or Refused
3.1 Name	0%	4%
3.2 Social Security Number	0%	12%
3.3 Date of birth	2%	0%
3.4 Race	3%	2%
3.5 Ethnicity	3%	1%
3.6 Gender	2%	0%
3.7 Veteran status	0%	0%
3.8 Disabling condition	0%	0%
3.9 Residence prior to project entry	0%	0%
3.10 Project Entry Date	0%	0%
3.11 Project Exit Date	0%	0%
3.12 Destination	37%	1%
3.15 Relationship to Head of Household	2%	0%
3.16 Client Location	2%	0%
3.17 Length of time on street, in an emergency shelter, or safe haven	1%	0%

2D-2. Identify which of the following reports your HMIS generates. Select all that apply:

CoC Annual Performance Report (APR):	<input checked="" type="checkbox"/>
ESG Consolidated Annual Performance and Evaluation Report (CAPER):	<input checked="" type="checkbox"/>
Annual Homeless Assessment Report (AHAR) table shells:	<input checked="" type="checkbox"/>

	<input type="checkbox"/>
None	<input type="checkbox"/>

2D-3. If you submitted the 2015 AHAR, how many AHAR tables (i.e., ES-ind, ES-family, etc) were accepted and used in the last AHAR? 12

2D-4. How frequently does the CoC review data quality in the HMIS? Quarterly

2D-5. Select from the dropdown to indicate if standardized HMIS data quality reports are generated to review data quality at the CoC level, project level, or both? Both Project and CoC

2D-6. From the following list of federal partner programs, select the ones that are currently using the CoC's HMIS.

VA Supportive Services for Veteran Families (SSVF):	<input checked="" type="checkbox"/>
VA Grant and Per Diem (GPD):	<input checked="" type="checkbox"/>
Runaway and Homeless Youth (RHY):	<input checked="" type="checkbox"/>
Projects for Assistance in Transition from Homelessness (PATH):	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
None:	<input type="checkbox"/>

2D-6a. If any of the federal partner programs listed in 2D-6 are not currently entering data in the CoC's HMIS and intend to begin entering data in the next 12 months, indicate the federal partner program and the anticipated start date. (limit 750 characters)

2E. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

The data collected during the PIT count is vital for both CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level so they can best plan for services and programs that will appropriately address local needs and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country, and to provide Congress and the Office of Management and Budget (OMB) with information regarding services provided, gaps in service, and performance. This information helps inform Congress' funding decisions, and it is vital that the data reported is accurate and of high quality.

2E-1. Did the CoC approve the final sheltered PIT count methodology for the 2015 sheltered PIT count? Yes

2E-2. Indicate the date of the most recent sheltered PIT count (mm/dd/yyyy): 01/26/2015

2E-2a. If the CoC conducted the sheltered PIT count outside of the last 10 days of January 2015, was an exception granted by HUD? Not Applicable

2E-3. Enter the date the CoC submitted the sheltered PIT count data in HDX, (mm/dd/yyyy): 04/24/2015

2F. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count: Methods

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2F-1. Indicate the method(s) used to count sheltered homeless persons during the 2015 PIT count:

Complete Census Count:	<input checked="" type="checkbox"/>
Random sample and extrapolation:	<input type="checkbox"/>
Non-random sample and extrapolation:	<input type="checkbox"/>
	<input type="checkbox"/>

2F-2. Indicate the methods used to gather and calculate subpopulation data for sheltered homeless persons:

HMIS:	<input checked="" type="checkbox"/>
HMIS plus extrapolation:	<input type="checkbox"/>
Interview of sheltered persons:	<input type="checkbox"/>
Sample of PIT interviews plus extrapolation:	<input type="checkbox"/>
Agency Survey for Agencies that Don't Use HMIS	<input checked="" type="checkbox"/>

**2F-3. Provide a brief description of your CoC's sheltered PIT count methodology and describe why your CoC selected its sheltered PIT count methodology.
(limit 1000 characters)**

The HMIS Lead Agency notified all ES and TH providers that it would be using HMIS to generate a PIT count for their programs. Providers were instructed to enter all data in HMIS for clients staying in their programs on 1/28/13 by a set date. HMIS and CoC staff reviewed the HMIS PIT count for accuracy. HMIS staff followed-up directly with programs to correct or clarify any incorrect or confusing data. For programs not in HMIS, Agency PIT Count Survey was emailed to these programs. Completed surveys were returned to the NM Coalition to End Homelessness (NMCEH) by a specific date. NMCEH then tallied the results. The NMCEH followed-up with specific agencies if there were any concerns or questions about the data they reported. Our CoC selected this methodology because HMIS is the best way to obtain PIT count data for those programs that use HMIS, while an Agency Survey has proven for our CoC to be the most effective way to obtain data for non-HMIS agencies.

2F-4. Describe any change in methodology from your sheltered PIT count in 2014 to 2015, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to the implementation of your sheltered PIT count methodology (e.g., enhanced training and change in partners participating in the PIT count). (limit 1000 characters)

The Albuquerque CoC used the same methodology in 2015 that it used in 2014. There were not any changes.

2F-5. Did your CoC change its provider coverage in the 2015 sheltered count? Yes

2F-5a. If "Yes" in 2F-5, then describe the change in provider coverage in the 2015 sheltered count. (limit 750 characters)

The CoC did not include one program (Haven of Love) in the 2015 HIC that was included in the 2014 HIC. The reason is because upon further research the CoC learned that this program does not exclusively serve people who are homeless. The CoC added two new programs that are under development to the 2015 HIC that were not under development when the 2014 was complete (Casa Q and Gateway66). The CoC added two new Rapid Rehousing programs that were not in place when the 2014 HIC was completed (St. Martin's and Veterans Integration Center).

2G. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count: Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2G-1. Indicate the methods used to ensure the quality of the data collected during the sheltered PIT count:

Training:	<input type="text"/>
Provider follow-up:	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Non-HMIS de-duplication techniques:	<input type="text"/>
	<input type="text"/>

2G-2. Describe any change to the way your CoC implemented its sheltered PIT count from 2014 to 2015 that would change data quality, including changes to training volunteers and inclusion of any partner agencies in the sheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual sheltered PIT count methodology (e.g., change in sampling or extrapolation method). (limit 1000 characters)

The only significant change was that in 2015 we were able to use HMIS to generate PIT count for our very large winter-only emergency shelter. In the past we had relied on an agency survey and surveys of the people at the sheltered to collect sheltered data and sub-population data for this program. We believe the use of HMIS allowed us to generate more accurate PIT count data for this shelter, including more accurate sub-population data.

2H. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

The unsheltered PIT count assists communities and HUD to understand the characteristics and number of people with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground. CoCs are required to conduct an unsheltered PIT count every 2 years (biennially) during the last 10 days in January; however, CoCs are strongly encouraged to conduct the unsheltered PIT count annually, at the same time that it does the annual sheltered PIT count. The last official PIT count required by HUD was in January 2015.

2H-1. Did the CoC approve the final unsheltered PIT count methodology for the most recent unsheltered PIT count? Yes

2H-2. Indicate the date of the most recent unsheltered PIT count (mm/dd/yyyy): 01/26/2015

2H-2a. If the CoC conducted the unsheltered PIT count outside of the last 10 days of January 2015, was an exception granted by HUD? Not Applicable

2H-3. Enter the date the CoC submitted the unsheltered PIT count data in HDX (mm/dd/yyyy): 04/24/2015

2I. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count: Methods

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2I-1. Indicate the methods used to count unsheltered homeless persons during the 2015 PIT count:

Night of the count - complete census:	<input type="checkbox"/>
Night of the count - known locations:	<input checked="" type="checkbox"/>
Night of the count - random sample:	<input type="checkbox"/>
Service-based count:	<input checked="" type="checkbox"/>
HMIS:	<input type="checkbox"/>
Survey known locations the 2nd day after the night of the count	<input checked="" type="checkbox"/>

2I-2. Provide a brief description of your CoC's unsheltered PIT count methodology and describe why your CoC selected its unsheltered PIT count methodology. (limit 1000 characters)

The CoC utilized volunteers/agency staff to conduct a survey with homeless people at known locations (parks, streets, underpasses) and service sites. The surveys were conducted at known locations at 4am - 6am on 1/26/15 & 1/27/15. The surveys were conducted at service locations that serve homeless people during high traffic days and times in the 4 days following the night of the PIT count. The PIT count survey asked where the participant stayed of 1/26/15 and for demographic information. Albuquerque is a spread-out city and has natural areas where homeless people camp. This makes it challenging to do a complete coverage count on one night. By combining a known location and services count over several days, the CoC felt it could count the most people. The CoC reduced the chances of counting anyone twice by creating a unique identifier for each survey participant based on their survey responses and by including a question that asked if the participant had already taken the survey.

2I-3. Describe any change in methodology from your unsheltered PIT count in 2014 (or 2013 if an unsheltered count was not conducted in 2014) to 2015, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to implementation of your sheltered PIT count methodology (e.g., enhanced training and change in partners participating in the count). (limit 1000 characters)

The CoC used the same methodology in 2015 that it used in 2014. There were not any changes to the methodology.

2I-4. Does your CoC plan on conducting an unsheltered PIT count in 2016? No

(If "Yes" is selected, HUD expects the CoC to conduct an unsheltered PIT count in 2016. See the FY 2015 CoC Program NOFA, Section VII.A.4.d. for full information.)

2J. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count: Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2J-1. Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2015 unsheltered population PIT count:

Training:	<input checked="" type="checkbox"/>
"Blitz" count:	<input type="checkbox"/>
Unique identifier:	<input checked="" type="checkbox"/>
Survey question:	<input checked="" type="checkbox"/>
Enumerator observation:	<input type="checkbox"/>
	<input type="checkbox"/>
None:	<input type="checkbox"/>

2J-2. Describe any change to the way the CoC implemented the unsheltered PIT count from 2014 (or 2013 if an unsheltered count was not conducted in 2014) to 2015 that would affect data quality. This includes changes to training volunteers and inclusion of any partner agencies in the unsheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual methodology (e.g., change in sampling or extrapolation method). (limit 1000 characters)

In 2015, the CoC was able to invest more resources in recruiting community volunteers. We recruited over 200 community volunteers to help conduct the count. In addition we were able to offer a \$5 gift card to anyone who participated in the PIT count survey, which may have led to a higher participation rate and thus a higher count.

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

3A-1. Performance Measure: Number of Persons Homeless - Point-in-Time Count.

* 3A-1a. Change in PIT Counts of Sheltered and Unsheltered Homeless Persons

Using the table below, indicate the number of persons who were homeless at a Point-in-Time (PIT) based on the 2014 and 2015 PIT counts as recorded in the Homelessness Data Exchange (HDX).

	2014 PIT (for unsheltered count, most recent year conducted)	2015 PIT	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	1,254	1,287	33
Emergency Shelter Total	614	659	45
Safe Haven Total	0	0	0
Transitional Housing Total	496	445	-51
Total Sheltered Count	1,110	1,104	-6
Total Unsheltered Count	144	183	39

3A-1b. Number of Sheltered Persons Homeless - HMIS.

Using HMIS data, CoCs must use the table below to indicate the number of homeless persons who were served in a sheltered environment between October 1, 2013 and September 30, 2014.

	Between October 1, 2013 and September 30, 2014
Universe: Unduplicated Total sheltered homeless persons	2,101
Emergency Shelter Total	1,617
Safe Haven Total	0
Transitional Housing Total	593

3A-2. Performance Measure: First Time Homeless.

**Describe the CoC's efforts to reduce the number of individuals and families who become homeless for the first time. Specifically, describe what the CoC is doing to identify risk factors for becoming homeless for the first time.
(limit 1000 characters)**

There are currently three prevention programs in the Albuquerque CoC: a CDGB-funded program and two SSVF programs. These programs work to reduce first homelessness by targeting assistance to low-income households with imminent evictions. The SSVF programs use a Prevention Screening Tool to ensure they are targeting assistance to those households most likely to become literally homeless. The CoC has a well-established Coordinated Assessment System (CAS). For its initial phase of implementation, the CAS has focused on connecting homeless households to TH, RRH and PSH. As the CAS expands it will also assist households at risk of homelessness with accessing these 3 prevention programs. The SSVF programs already use CAS for their RRH placements, so this should be a natural expansion. The CoC will also use HMIS data to analyze which household characteristics can best predict first time homelessness, in order to best target these prevention funds.

3A-3. Performance Measure: Length of Time Homeless.

**Describe the CoC's efforts to reduce the length of time individuals and families remain homeless. Specifically, describe how your CoC has reduced the average length of time homeless, including how the CoC identifies and houses individuals and families with the longest lengths of time homeless.
(limit 1000 characters)**

The CoC uses CoC/ESG Project HMIS and Coordinated Assessment (CA) HMIS data to monitor average length of time that individuals/families. The average length of time homeless for the CA participants is 32 months. The CoC is participating in Zero: 2016, which has the goals of quickly re-housing homeless veterans and chronically homeless (CH) households. PSH providers have agreed to prioritize available beds for CH or veteran households to ensure they are re-housed as quickly as possible. To reduce length of family homelessness, the City allocates Rapid ReHousing (RRH) ESG funds to the local family shelter to help them quickly exit families into RRH, and a CoC SSO and a TH project is reallocating to a new RRH program in this CoC competition. Finally the CoC Coordinated Assessment System helps the CoC quickly identify and house homeless households. Length of homelessness is a factor in a household's vulnerability score, which determines their priority for housing.

*** 3A-4. Performance Measure: Successful Permanent Housing Placement or Retention.**

In the next two questions, CoCs must indicate the success of its projects in placing persons from its projects into permanent housing.

3A-4a. Exits to Permanent Housing Destinations:

In the chart below, CoCs must indicate the number of persons in CoC funded supportive services only (SSO), transitional housing (TH), and rapid re-housing (RRH) project types who exited into permanent housing destinations between October 1, 2013 and September 30, 2014.

	Between October 1, 2013 and September 30, 2014
Universe: Persons in SSO, TH and PH-RRH who exited	807
Of the persons in the Universe above, how many of those exited to permanent destinations?	524
% Successful Exits	64.93%

3A-4b. Exit To or Retention Of Permanent Housing:

In the chart below, CoCs must indicate the number of persons who exited from any CoC funded permanent housing project, except rapid re-housing projects, to permanent housing destinations or retained their permanent housing between October 1, 2013 and September 31, 2014.

	Between October 1, 2013 and September 30, 2014
Universe: Persons in all PH projects except PH-RRH	844
Of the persons in the Universe above, indicate how many of those remained in applicable PH projects and how many of those exited to permanent destinations?	777
% Successful Retentions/Exits	92.06%

3A-5. Performance Measure: Returns to Homelessness:

Describe the CoC's efforts to reduce the rate of individuals and families who return to homelessness. Specifically, describe at least three strategies your CoC has implemented to identify and minimize returns to homelessness, and demonstrate the use of HMIS or a comparable database to monitor and record returns to homelessness. (limit 1000 characters)

The CoC uses CoC/ESG Project HMIS and Coordinated Assessment (CA) HMIS data to identify returns to homelessness. Out of those participants in CA who provided this info 43% said they had more than 1 episode of homelessness in the last 3 yrs, and 31% said this was their 1st episode of homelessness. Using HMIS, the CA lead agency can generate a by-name list of chronically homeless people and homeless veterans who need housing, many of who have experienced multiple episodes of homelessness. The committee develops strategies to help people on the list secure the most appropriate housing option so they remain housed. The CoC monitors returns to homelessness by using HMIS data to examine the % of CoC TH/RRH/PSH clients who exit into permanent housing. 2 strategies the CoC is using to improve this outcome are provide TA to grantees with low housing outcomes and work with State Medicaid Office to increase use of Medicaid to pay for supportive services that can help clients stay housed.

3A-6. Performance Measure: Job and Income Growth.

Describe specific strategies implemented by CoC Program-funded projects to increase the rate by which homeless individuals and families increase income from employment and non-employment sources (include at least one specific strategy for employment income and one for non-employment related income, and name the organization responsible for carrying out each strategy). (limit 1000 characters)

CoC projects have been successful in helping program participants increase their employment and non-employment sources of income. Using HMIS data from 3/1/14 to 2/2/8/15, 37% of all adults increased their non-employment income and 11% of all adults increased their employment income. To improve these outcomes the CoC has implemented the following strategies: The NM Coalition to End Homelessness (NMCEH) will offer at least 2 trainings per year to CoC members and other homeless service providers on accessing mainstream, non-employment benefits. The NMCEH will continue to offer at least 1 SOAR training annually, provide support to SOAR representatives and build relationships with Social Security Administration to make SOAR successful. St. Martins and Goodwill will create job training opportunities for homeless people. CoC providers will work with these two agencies and other mainstream job training programs (such as Department of Vocational Rehab) to facilitate effective referrals.

3A-6a. Describe how the CoC is working with mainstream employment organizations to aid homeless individuals and families in increasing their income. (limit 1000 characters)

The CoC works with the following mainstream employment organizations to aid homeless households to increase their income: Career Link (for TANF recipients), Goodwill Industries, Workforce Connections, NM Department of Vocational Rehab and the SSA Ticket to Work Program. Organizations in the CoC help homeless households increase their income through connecting them to these employment organizations, to educational opportunities (i.e. community college), by teaching job search skills and by developing relationships with employers. An estimated 80% of CoC projects are regularly connecting participants with employment services.

3A-7. Performance Measure: Thoroughness of Outreach.

**How does the CoC ensure that all people living unsheltered in the CoC's geographic area are known to and engaged by providers and outreach teams?
(limit 1000 characters)**

Abq. Health Care for the Homeless (AHCH), St. Martin's, Abq. Police Dept., First Nations and the VA all have street outreach staff that identify and engage the unsheltered homeless throughout the City. St. Martin's and AHCH run drop-in centers where unsheltered homeless people can obtain basic necessities and long-term help. Staff at both drop in sites complete the common assessment tool (VI-SPDAT) for the CoC'S Coordinated Assessment System with clients. In January 2015, in coordination with the PIT count, the CoC organized a massive outreach effort with over 200 volunteers to conduct the VI-SPDAT tool with all homeless people who wanted to take it. Everyone who completes the VI-SPDAT is entered into the Coordinated Assessment system, and people are housed in order of vulnerability score. This means that someone who has limited contact with service providers but is in the Coordinated Assessment System through these outreach efforts can access housing.

3A-7a. Did the CoC exclude geographic areas from the 2015 unsheltered PIT count where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g., deserts)? No

**3A-7b. What was the the criteria and decision-making process the CoC used to identify and exclude specific geographic areas from the CoC's unsheltered PIT count?
(limit 1000 characters)**

This question is not applicable.

3B. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Objective 1: Ending Chronic Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

Opening Doors, Federal Strategic Plan to Prevent and End Homelessness (as amended in 2015) establishes the national goal of ending chronic homelessness. Although the original goal was to end chronic homelessness by the end of 2015, that goal timeline has been extended to 2017. HUD is hopeful that communities that are participating in the Zero: 2016 technical assistance initiative will continue to be able to reach the goal by the end of 2016. The questions in this section focus on the strategies and resources available within a community to help meet this goal.

3B-1.1. Compare the total number of chronically homeless persons, which includes persons in families, in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT Count of sheltered and unsheltered chronically homeless persons	200	260	60
Sheltered Count of chronically homeless persons	133	170	37
Unsheltered Count of chronically homeless persons	67	90	23

**3B-1.1a. Using the "Differences" calculated in question 3B-1.1 above, explain the reason(s) for any increase, decrease, or no change in the overall TOTAL number of chronically homeless persons in the CoC, as well as the change in the unsheltered count, as reported in the PIT count in 2015 compared to 2014. To possibly receive full credit, both the overall total and unsheltered changes must be addressed.
(limit 1000 characters)**

There was an increase in the total number of chronically homeless (CH) persons AND both unsheltered and sheltered CH persons in 2015 over most recent previous counts. The total count was higher because both the sheltered and unsheltered CH count were higher. In 2015, there were two improvements to our PIT count methodology implementation that likely led to a higher CH count. In 2015 we were able to use HMIS, for the first time, to conduct the sheltered count at the CoC's very large winter-only emergency shelter. We believe this led to a more accurate - and higher - count of the CH people staying at this shelter. Second, the CoC was able to offer a \$5 gift card to participants who took the PIT count survey. We believe this led to more unsheltered people participating in the PIT count survey, which meant we counted more people. The CoC hopes that HUD will take these factors into consideration, and not penalize the CoC for conducting an improved PIT count.

3B-1.2. From the FY 2013/FY 2014 CoC Application: Describe the CoC's two year plan (2014-2015) to increase the number of permanent supportive housing beds available for chronically homeless persons and to meet the proposed numeric goals as indicated in the table above. Response should address the specific strategies and actions the CoC will take to achieve the goal of ending chronic homelessness by the end of 2015. (read only)

Supportive Housing Coalition will begin operating a new PSH project with 21 beds for the chronically homeless in early 2014. In the 2013 CoC application the CoC will relocate \$260,000 to a new PSH project that serves the chronically homeless. If new funding is available in the 2014 and/or 2015 CoC competitions the CoC will apply for funding for a new PSH project that serves the chronically homeless. Albuquerque Heading Home will identify new funding sources to create PSH housing for the chronically homeless, including hospitals, the County and private funders. Albuquerque Heading Home is the local version of the 100,000 Homes Campaign and its purpose is to identify and house the most medically vulnerable chronically homeless people in Albuquerque. Existing PSH providers will commit to prioritizing a set percentage of their beds for the chronically homeless.

3B-1.2a. Of the strategies listed in the FY 2013/FY 2014 CoC Application represented in 3B-1.2, which of these strategies and actions were accomplished? (limit 1000 characters)

Supportive Housing Coalition began operating their new PSH for the chronically homeless (CH) in April 2014. In the 2013 CoC application, the CoC reallocated \$260,000 to a new PSH project that serves the chronically homeless, and that project was funded in June 2014. The CoC applied for a new PSH project in the 2014 CoC competition but it was not funded. The CoC has applied for 2 new PSH projects for CH in the 2015 CoC competition. The City of Albuquerque put additional funds into the Albuquerque Heading Home program via HOME and City General Fund dollars in order to increase the number of CH beds for this program in July 2015. Through the CoC Common Standards for Administering PSH, CoC PSH providers have agreed to prioritize 80% of beds that become available through turn-over for chronically homeless households and veterans. The Standards were passed by the CoC in May 2015.

3B-1.3. Compare the total number of PSH beds (CoC Program and non-CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2015 Housing Inventory Count, as compared to those identified on the 2014 Housing Inventory Count.

	2014	2015	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	564	615	51

**3B-1.3a. Explain the reason(s) for any increase, decrease or no change in the total number of PSH beds (CoC Program and non CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2015 Housing Inventory Count compared to those identified on the 2014 Housing Inventory Count.
(limit 1000 characters)**

The Albuquerque CoC had an increase in chronic homeless (CH) beds from 2015 to 2014. The Supportive Housing Coalition of NM (SHC-NM) added new CH PSH beds, which were funded by the City of Albuquerque. SHC-NM also started a new CoC-funded PSH program that has all dedicated chronic homeless beds. The NM Veterans Administration increased its VASH vouchers, a percentage of which it dedicates to the chronically homeless.

3B-1.4. Did the CoC adopt the orders of priority in all CoC Program-funded PSH as described in Notice CPD-14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status ?

No

3B-1.4a. If “Yes”, attach the CoC’s written standards that were updated to incorporate the order of priority in Notice CPD-14-012 and indicate the page(s) that contain the CoC’s update.

3B-1.5. CoC Program funded Permanent Supportive Housing Project Beds prioritized for serving people experiencing chronic homelessness in FY2015 operating year.

Percentage of CoC Program funded PSH beds prioritized for chronic homelessness	FY2015 Project Application
Based on all of the renewal project applications for PSH, enter the estimated number of CoC-funded PSH beds in projects being renewed in the FY 2015 CoC Program Competition that are not designated as dedicated beds for persons experiencing chronic homelessness.	414
Based on all of the renewal project applications for PSH, enter the estimated number of CoC-funded PSH beds in projects being renewed in the FY 2015 CoC Program Competition that are not designated as dedicated beds for persons experiencing chronic homelessness that will be made available through turnover in the FY 2015 operating year.	114
Based on all of the renewal project applications for PSH, enter the estimated number of PSH beds made available through turnover that will be prioritized beds for persons experiencing chronic homelessness in the FY 2015 operating year.	90
This field estimates the percentage of turnover beds that will be prioritized beds for persons experiencing chronic homelessness in the FY 2015 operating year.	78.95%

3B-1.6. Is the CoC on track to meet the goal of ending chronic homelessness by 2017? Yes

This question will not be scored.

3B-1.6a. If “Yes,” what are the strategies implemented by the CoC to maximize current resources to meet this goal? If “No,” what resources or technical assistance will be implemented by the CoC to reach the goal of ending chronically homeless by 2017? (limit 1000 characters)

The CoC is part of the national Zero: 2016 initiative, and is receiving technical assistance and support to reach the goal of ending chronic homelessness by the end of 2016. The CoC monitors its progress in ending chronic homelessness each month using the metrics provided by Zero: 2016. The CoC has a well established Coordinated Assessment System, and uses that system to identify the chronically homeless people in the CoC who need PSH. The CoC's Common Standards for Administering PSH require CoC PSH providers to prioritize 80% of their housing openings for households that are chronically homeless.

3B. Continuum of Care (CoC) Strategic Planning Objectives

Objective 2: Ending Homelessness Among Households with Children and Ending Youth Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

Opening Doors outlines the goal of ending family (Households with Children) and youth homelessness by 2020. The following questions focus on the various strategies that will aid communities in meeting this goal.

3B-2.1. What factors will the CoC use to prioritize households with children during the FY2015 Operating year? (Check all that apply).

Vulnerability to victimization:	<input checked="" type="checkbox"/>
Number of previous homeless episodes:	<input checked="" type="checkbox"/>
Unsheltered homelessness:	<input checked="" type="checkbox"/>
Criminal History:	<input type="checkbox"/>
Bad credit or rental history (including not having been a leaseholder):	<input type="checkbox"/>
Head of household has mental/physical disabilities:	<input checked="" type="checkbox"/>
Household member has history of Substance Abuse	<input type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

**3B-2.2. Describe the CoC's plan to rapidly rehouse every family that becomes homeless within 30 days of becoming homeless on the street or entering shelter.
 (limit 1000 characters)**

The CoC will use its Coordinated Assessment System (CAS) to identify, prioritize and quickly re-house homeless families with the most appropriate supportive housing option. The CoC's CAS uses the VI-SPDAT as its common assessment tool, which gives each household a vulnerability score. Families with high vulnerability scores are prioritized for CoC and ESG Permanent Supportive, Rapid ReHousing and Transitional Housing programs. In this way the CoC ensures those families with significant barriers – and not the least amount of barriers – have access to supportive housing. The CoC is also working to increase the number of Rapid ReHousing beds. The City of Albuquerque is reallocating SSO and TH dollars to 2 new Rapid ReHousing program for families that will create at least 60 new units. The City also allocates ESG Rapid ReHousing funds to an organization that also operates a family shelter, to ensure that families can quickly exit the shelter into Rapid ReHousing.

3B-2.3. Compare the number of RRH units available to serve families from the 2014 and 2015 HIC.

	2014	2015	Difference
RRH units available to serve families in the HIC:	12	30	18

3B-2.4. How does the CoC ensure that emergency shelters, transitional housing, and permanent housing (PSH and RRH) providers within the CoC do not deny admission to or separate any family members from other members of their family based on age, sex, or gender when entering shelter or housing? (check all strategies that apply)

CoC policies and procedures prohibit involuntary family separation:	<input checked="" type="checkbox"/>
There is a method for clients to alert CoC when involuntarily separated:	<input checked="" type="checkbox"/>
CoC holds trainings on preventing involuntary family separation, at least once a year:	<input type="checkbox"/>
ESG Written Standards prohibit involuntary family separation	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
None:	<input type="checkbox"/>

3B-2.5. Compare the total number of homeless households with children in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

PIT Count of Homelessness Among Households With Children

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT Count of sheltered and unsheltered homeless households with children:	124	121	-3
Sheltered Count of homeless households with children:	123	119	-4
Unsheltered Count of homeless households with children:	1	2	1

3B-2.5a. Explain the reason(s) for any increase, decrease or no change in the total number of homeless households with children in the CoC as reported in the 2015 PIT count compared to the 2014 PIT count. (limit 1000 characters)

The Albuquerque CoC experienced a small decrease in the number of sheltered homeless households with children and a small increase in the number of unsheltered homeless households with children in the 2015 count, as compared to the 2014 and 2013 (for unsheltered) counts. The overall count for households with children (sheltered and unsheltered combined) was lower in 2015 than in 2014. Over the last year, the CoC has increased the number of number of Rapid Rehousing beds for families, which is one explanation for the overall decrease. The unsheltered count only increased by 1 household, which most likely represents a normal fluctuation on the exact number of homeless households with children from night to night. There was no change in PIT count methodology that would explain either the increase or decrease.

3B-2.6. Does the CoC have strategies to address the unique needs of unaccompanied homeless youth (under age 18, and ages 18-24), including the following:

Human trafficking and other forms of exploitation?	Yes
LGBTQ youth homelessness?	Yes
Exits from foster care into homelessness?	Yes
Family reunification and community engagement?	Yes
Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs?	Yes
Unaccompanied minors/youth below the age of 18?	Yes

3B-2.6a. Select all strategies that the CoC uses to address homeless youth trafficking and other forms of exploitation.

Diversion from institutions and decriminalization of youth actions that stem from being trafficked:	<input checked="" type="checkbox"/>
Increase housing and service options for youth fleeing or attempting to flee trafficking:	<input checked="" type="checkbox"/>
Specific sampling methodology for enumerating and characterizing local youth trafficking:	<input type="checkbox"/>
Cross systems strategies to quickly identify and prevent occurrences of youth trafficking:	<input type="checkbox"/>
Community awareness training concerning youth trafficking:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

3B-2.7. What factors will the CoC use to prioritize unaccompanied youth (under age 18, and ages 18-24) for housing and services during the FY2015 operating year? (Check all that apply)

Vulnerability to victimization:	<input checked="" type="checkbox"/>
Length of time homeless:	<input checked="" type="checkbox"/>
Unsheltered homelessness:	<input checked="" type="checkbox"/>
Lack of access to family and community support networks:	<input type="checkbox"/>
Behavioral Health and Physical Disabilities	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

3B-2.8. Using HMIS, compare all unaccompanied youth (under age 18, and ages 18-24) served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2013 (October 1, 2012 - September 30, 2013) and FY 2014 (October 1, 2013 - September 30, 2014).

	FY 2013 (October 1, 2012 - September 30, 2013)	FY 2014 (October 1, 2013 - September 30, 2104)	Difference
Total number of unaccompanied youth served in HMIS contributing programs who were in an unsheltered situation prior to entry:	31	52	21

**3B-2.8a. If the number of unaccompanied youth and children, and youth-headed households with children served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2014 is lower than FY 2013, explain why.
(limit 1000 characters)**

The number of youth coming from an unsheltered situation prior to entering a HMIS contribution program was higher in FY2014 than it was in FY2013.

3B-2.9. Compare funding for youth homelessness in the CoC's geographic area in CY 2015 to projected funding for CY 2016.

	Calendar Year 2015	Calendar Year 2016	Difference
Overall funding for youth homelessness dedicated projects (CoC Program and non-CoC Program funded):	\$2,285,871.00	\$2,394,871.00	\$109,000.00
CoC Program funding for youth homelessness dedicated projects:	\$0.00	\$0.00	\$0.00
Non-CoC funding for youth homelessness dedicated projects (e.g. RHY or other Federal, State and Local funding):	\$2,285,871.00	\$2,394,871.00	\$109,000.00

3B-2.10. To what extent have youth housing and service providers and/or State or Local educational representatives, and CoC representatives participated in each other's meetings over the past 12 months?

Cross-Participation in Meetings	# Times
CoC meetings or planning events attended by LEA or SEA representatives:	2
LEA or SEA meetings or planning events (e.g. those about child welfare, juvenile justice or out of school time) attended by CoC representatives:	1
CoC meetings or planning events attended by youth housing and service providers (e.g. RHY providers):	8

**3B-2.10a. Given the responses in 3B-2.10, describe in detail how the CoC collaborates with the McKinney-Vento local education liaisons and State educational coordinators.
(limit 1000 characters)**

CoC and ESG agencies work closely with the Albuquerque Public Schools Title 1 Homelessness Project. When CoC agencies work with families with school aged children they quickly refer them to the Title 1 staff so that they can receive services for which they are eligible. Title 1 provides enrollment assistance to reduce barriers to school attendance, school supplies, hygiene products and food, transportation to school-of-origin (on a case-by-case basis), after-school and lunch-time tutoring programs, preschool and parental support programs for 3-4 year old children in crisis, summer experiential and reading programs, math programs and automatic registration in the APS free lunch program. APS Title 1 staff also make facilitated referrals to other agencies within the CoC, including homeless services providers, community behavioral health providers for comprehensive behavioral health services, Special Education Child Fund, and the APS Clothing Bank.

3B-2.11. How does the CoC make sure that homeless participants are informed of their eligibility for and receive access to educational services? Include the policies and procedures that homeless service providers (CoC and ESG Programs) are required to follow. In addition, include how the CoC, together with its youth and educational partners (e.g. RHY, schools, juvenile justice and children welfare agencies), identifies participants who are eligible for CoC or ESG programs. (limit 2000 characters)

The CoC has a policy requiring CoC agencies to have policies/procedures in place on this matter. The City of Albuquerque, which is the ESG Recipient within the CoC, has adopted written ESG standards that incorporate this same policy. Under the CoC and ESG Policy, each CoC and ESG agency that serves households with children or unaccompanied youth must have policies/procedures that ensure: all school-aged children are enrolled in school and whenever possible in their schools of origin; all homeless families and youth are informed of their eligibility for McKinney Vento(M-V) education services; all children in their program(s) are connected to appropriate services in the community, including early childhood education programs and M-V education services; their policies/procedures are consistent with, and do not restrict the exercise of rights provided by the education subtitle of the M-V Act, and other laws; a staff person is designated to work with all children and families on these issues. Annually, each CoC agency is required to sign a statement verifying that they have these policies and procedures. Referrals to CoC and ESG programs are made by many partner agencies in the community. CoC and ESG programs work closely with other youth and educational partners in the community to facilitate referrals between CoC/ESG programs and other types of programs. When CoC and ESG programs receive referrals, they do an initial assessment, part of which includes assessing the educational needs of the children in the household.

3B. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Objective 3: Ending Veterans Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

Opening Doors outlines the goal of ending Veteran homelessness by the end of 2015. The following questions focus on the various strategies that will aid communities in meeting this goal.

3B-3.1. Compare the total number of homeless Veterans in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT count of sheltered and unsheltered homeless veterans:	249	188	-61
Sheltered count of homeless veterans:	224	172	-52
Unsheltered count of homeless veterans:	25	16	-9

3B-3.1a. Explain the reason(s) for any increase, decrease or no change in the total number of homeless veterans in the CoC as reported in the 2015 PIT count compared to the 2014 PIT count. (limit 1000 characters)

Our 2015 PIT count of all homeless veterans (sheltered and unsheltered) and unsheltered homeless veterans was lower than it was in the most recent previous count conducted. Over the last several years, the Albuquerque CoC has increased both the number of VASH and Supportive Services for Veteran Families (SSVF) vouchers available. We believe that the increase in permanent supportive housing and Rapid Rehousing has led to a decrease in veteran homelessness in our CoC.

**3B-3.2. How is the CoC ensuring that Veterans that are eligible for VA services are identified, assessed and referred to appropriate resources, i.e. HUD-VASH and SSVF?
(limit 1000 characters)**

The NM VA conducts a regular outreach clinic at Albuquerque Health Care for the Homeless to engage veterans. Veterans can be assessed for VA benefits eligibility at this site and at the NM VA main hospital. The NM VA has set times/days that veterans can drop in to be assessed. The NM VA has used the CoC meetings to let both CoC and non-CoC organizations know how they can refer veterans they meet via outreach or drop-in centers to the VA to be assessed for VA services, including VASH. Starting Nov 2015 the NM VA plans to fill some of its VASH vouchers through the CoC's Coordinated Assessment System (CAS). The two SSVF providers in Albuquerque participate in the (CAS), and house homeless veterans from the CAS by-name list of homeless veterans who need supportive housing. The CAS lead agency conducts a monthly meeting of organizations that participate in the CAS to review a by-name list of homeless veterans and to identify housing opportunities for those veterans at the top of the list.

**3B-3.3. For Veterans who are not eligible for homeless assistance through the U.S Department of Veterans Affairs Programs, how is the CoC prioritizing CoC Program-funded resources to serve this population?
(limit 1000 characters)**

If the VA or SSVF provider determine a homeless veteran is not eligible for VASH or SSVF, they can conduct the VI-SPDAT with the veteran in order to enroll him/her into the CoC's Coordinated Assessment System (CAS). All CoC programs use the CAS to fill housing openings. The CoC has a policy that ALL CoC Permanent Supportive Providers must prioritize 80% of their housing openings for homeless vets and chronically homeless households. This is accomplished through the CoC's CAS, which provides a by-name list of homeless individuals and families in Albuquerque. When PSH providers have an opening, they identify the homeless veteran or chronically homeless person with the highest vulnerability score who meets the criteria for their program, and they house that person next.

3B-3.4. Compare the total number of homeless Veterans in the CoC AND the total number of unsheltered homeless Veterans in the CoC, as reported by the CoC for the 2015 PIT Count compared to the 2010 PIT Count (or 2009 if an unsheltered count was not conducted in 2010).

	2010 (or 2009 if an unsheltered count was not conducted in 2010)	2015	% Difference
Total PIT count of sheltered and unsheltered homeless veterans:	236	188	-20.34%
Unsheltered count of homeless veterans:	74	16	-78.38%

3B-3.5. Indicate from the dropdown whether you are on target to end Veteran homelessness by the end of 2015. Yes

This question will not be scored.

3B-3.5a. If “Yes,” what are the strategies being used to maximize your current resources to meet this goal? If “No,” what resources or technical assistance would help you reach the goal of ending Veteran homelessness by the end of 2015? (limit 1000 characters)

The CoC is part of the national Zero: 2016 initiative, and is receiving technical assistance and support to reach the goal of ending veteran . The CoC monitors its progress in ending veteran homelessness each month using the metrics provided by Zero: 2016. The CoC has a well established Coordinated Assessment System, and uses that system to identify the homeless veterans in the CoC who need housing. The CoC's Common Standards for Administering PSH require CoC PSH providers to prioritize 80% of their housing openings for households that are veterans chronically homeless. The CoC also reviews the by-name list of homeless veterans monthly to more quickly house those at the top of the list.

4A. Accessing Mainstream Benefits

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

4A-1. Does the CoC systematically provide information to provider staff about mainstream benefits, including up-to-date resources on eligibility and mainstream program changes that can affect homeless clients? Yes

4A-2. Based on the CoC's FY 2015 new and renewal project applications, what percentage of projects have demonstrated that the project is assisting project participants to obtain mainstream benefits, which includes all of the following within each project: transportation assistance, use of a single application, annual follow-ups with participants, and SOAR-trained staff technical assistance to obtain SSI/SSDI?

FY 2015 Assistance with Mainstream Benefits

Total number of project applications in the FY 2015 competition (new and renewal):	23
Total number of renewal and new project applications that demonstrate assistance to project participants to obtain mainstream benefits (i.e. In a Renewal Project Application, "Yes" is selected for Questions 3a, 3b, 3c, 4, and 4a on Screen 4A. In a New Project Application, "Yes" is selected for Questions 5a, 5b, 5c, 6, and 6a on Screen 4A).	23
Percentage of renewal and new project applications in the FY 2015 competition that have demonstrated assistance to project participants to obtain mainstream benefits:	100%

4A-3. List the healthcare organizations you are collaborating with to facilitate health insurance enrollment (e.g. Medicaid, Affordable Care Act options) for program participants. For each healthcare partner, detail the specific outcomes resulting from the partnership in the establishment of benefits for program participants. (limit 1000 characters)

New Mexico is a Medicaid expansion state. Albuquerque Health Care for the Homeless (AHCH), which is a member of the CoC, has been leading the effort to facilitate health insurance enrollment. AHCH staffs 2.3 FTE outreach workers/client advocates. Staff conduct outreach, engagement, education and assistance leading to enrollment of those homeless individuals who will become newly eligible for Medicaid. AHCH works with partners to coordinate maximal coverage of location/sites and schedule/hours to reach the population experiencing homelessness in the service area. The plan is monitored and revised across the partnerships through at least quarterly review meetings and/or correspondence. Local partners include First Nations Community Healthsource and First Choice Community Healthcare, which are two local health centers. Since creating these positions, AHCH has submitted 271 applications and an estimated 173 people have been approved (or 60%).

4A-4. What are the primary ways that the CoC ensures that program participants with health insurance are able to effectively utilize the healthcare benefits available?

Educational materials:	<input checked="" type="checkbox"/>
In-Person Trainings:	<input checked="" type="checkbox"/>
Transportation to medical appointments:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
Not Applicable or None:	<input type="checkbox"/>

4B. Additional Policies

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

4B-1. Based on the CoC's FY 2015 new and renewal project applications, what percentage of Permanent Housing (PSH and RRH), Transitional Housing (TH) and SSO (non-Coordinated Entry) projects in the CoC are low barrier? Meaning that they do not screen out potential participants based on those clients possessing a) too little or little income, b) active or history of substance use, c) criminal record, with exceptions for state-mandated restrictions, and d) history of domestic violence.

FY 2015 Low Barrier Designation

Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO project applications in the FY 2015 competition (new and renewal):	23
Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2015 competition:	23
Percentage of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications in the FY 2015 competition that will be designated as "low barrier":	100%

4B-2. What percentage of CoC Program-funded Permanent Supportive Housing (PSH), RRH, SSO (non-Coordinated Entry) and Transitional Housing (TH) FY 2015 Projects have adopted a Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?

FY 2015 Projects Housing First Designation

Total number of PSH, RRH, non-Coordinated Entry SSO, and TH project applications in the FY 2015 competition (new and renewal):	23
Total number of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications that selected Housing First in the FY 2015 competition:	23
Percentage of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications in the FY 2015 competition that will be designated as Housing First:	100%

4B-3. What has the CoC done to ensure awareness of and access to housing and supportive services within the CoC's geographic area to persons that could benefit from CoC-funded programs but are not currently participating in a CoC funded program? In particular, how does the CoC reach out to for persons that are least likely to request housing or services in the absence of special outreach?

Direct outreach and marketing:	<input checked="checked" type="checkbox"/>
Use of phone or internet-based services like 211:	<input type="checkbox"/>
Marketing in languages commonly spoken in the community:	<input type="checkbox"/>
Making physical and virtual locations accessible to those with disabilities:	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
Not applicable:	<input type="checkbox"/>

4B-4. Compare the number of RRH units available to serve any population from the 2014 and 2015 HIC.

	2014	2015	Difference
RRH units available to serve any population in the HIC:	43	81	38

4B-5. Are any new proposed project applications requesting \$200,000 or more in funding for housing rehabilitation or new construction? No

**4B-6. If "Yes" in Questions 4B-5, then describe the activities that the project(s) will undertake to ensure that employment, training and other economic opportunities are directed to low or very low income persons to comply with section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u) (Section 3) and HUD's implementing rules at 24 CFR part 135?
 (limit 1000 characters)**

This question is not applicable.

4B-7. Is the CoC requesting to designate one or more of its SSO or TH projects to serve families with children and youth defined as homeless under other Federal statutes? No

4B-7a. If "Yes" in Question 4B-7, describe how the use of grant funds to serve such persons is of equal or greater priority than serving persons defined as homeless in accordance with 24 CFR 578.89. Description must include whether or not this is listed as a priority in the Consolidated Plan(s) and its CoC strategic plan goals. CoCs must attach the list of projects that would be serving this population (up to 10 percent of CoC total award) and the applicable portions of the Consolidated Plan. (limit 2500 characters)

This question is not applicable.

4B-8. Has the project been affected by a major disaster, as declared by President Obama under Title IV of the Robert T. Stafford Act in the 12 months prior to the opening of the FY 2015 CoC Program Competition? No

4B-8a. If "Yes" in Question 4B-8, describe the impact of the natural disaster on specific projects in the CoC and how this affected the CoC's ability to address homelessness and provide the necessary reporting to HUD. (limit 1500 characters)

This question is not applicable.

4B-9. Did the CoC or any of its CoC program recipients/subrecipients request technical assistance from HUD in the past two years (since the submission of the FY 2012 application)? This response does not affect the scoring of this application. Yes

4B-9a. If "Yes" to Question 4B-9, check the box(es) for which technical assistance was requested.

This response does not affect the scoring of this application.

CoC Governance:	<input type="checkbox"/>
CoC Systems Performance Measurement:	<input type="checkbox"/>
Coordinated Entry:	<input checked="" type="checkbox"/>
Data reporting and data analysis:	<input type="checkbox"/>
HMIS:	<input type="checkbox"/>
Homeless subpopulations targeted by Opening Doors: veterans, chronic, children and families, and unaccompanied youth:	<input type="checkbox"/>
Maximizing the use of mainstream resources:	<input checked="" type="checkbox"/>
Retooling transitional housing:	<input type="checkbox"/>
Rapid re-housing:	<input type="checkbox"/>
Under-performing program recipient, subrecipient or project:	<input type="checkbox"/>
	<input type="checkbox"/>
Not applicable:	<input type="checkbox"/>

4B-9b. If TA was received, indicate the type(s) of TA received, using the categories listed in 4B-9a, the month and year it was received and then indicate the value of the TA to the CoC/recipient/subrecipient involved given the local conditions at the time, with 5 being the highest value and a 1 indicating no value.

This response does not affect the scoring of this application.

Type of Technical Assistance Received	Date Received	Rate the Value of the Technical Assistance
Coordinated Assessment	01/31/2013	3
Health & Housing (H2) Initiative	05/14/2015	3

4C. Attachments

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

For required attachments related to rejected projects, if the CoC did not reject any projects then attach a document that says "Does Not Apply".

Document Type	Required?	Document Description	Date Attached
01. 2015 CoC Consolidated Application: Evidence of the CoC's Communication to Rejected Projects	Yes	Evidence of Notic...	10/22/2015
02. 2015 CoC Consolidated Application: Public Posting Evidence	Yes		
03. CoC Rating and Review Procedure	Yes	NM-500 Rating and...	11/11/2015
04. CoC's Rating and Review Procedure: Public Posting Evidence	Yes	Ranking and Revie...	11/04/2015
05. CoCs Process for Reallocating	Yes	NM 500 Reallocati...	11/04/2015
06. CoC's Governance Charter	Yes	Albuquerque (NM-5...	10/22/2015
07. HMIS Policy and Procedures Manual	Yes	New Mexico HMIS P...	10/28/2015
08. Applicable Sections of Con Plan to Serving Persons Defined as Homeless Under Other Fed Statutes	No		
09. PHA Administration Plan (Applicable Section(s) Only)	Yes		
10. CoC-HMIS MOU (if referenced in the CoC's Governance Charter)	No	MOU	11/04/2015
11. CoC Written Standards for Order of Priority	No		
12. Project List to Serve Persons Defined as Homeless under Other Federal Statutes	No		
13. Other	No		
14. Other	No		
15. Other	No		

Attachment Details

Document Description: Evidence of Notice of Project App Rejection

Attachment Details

Document Description:

Attachment Details

Document Description: NM-500 Rating and Review Procedure

Attachment Details

Document Description: Ranking and Review for NM-500 Public Posting

Attachment Details

Document Description: NM 500 Reallocation Process

Attachment Details

Document Description: Albuquerque (NM-500) CoC Goverance Charter

Attachment Details

Document Description: New Mexico HMIS Policy and Procedures

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: MOU

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

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Document Description:

Submission Summary

Page	Last Updated
1A. Identification	10/29/2015
1B. CoC Engagement	11/04/2015
1C. Coordination	11/09/2015
1D. CoC Discharge Planning	10/29/2015
1E. Coordinated Assessment	11/12/2015
1F. Project Review	Please Complete
1G. Addressing Project Capacity	10/29/2015
2A. HMIS Implementation	11/04/2015
2B. HMIS Funding Sources	11/04/2015
2C. HMIS Beds	11/05/2015
2D. HMIS Data Quality	11/04/2015
2E. Sheltered PIT	10/29/2015
2F. Sheltered Data - Methods	10/29/2015
2G. Sheltered Data - Quality	10/29/2015
2H. Unsheltered PIT	10/29/2015
2I. Unsheltered Data - Methods	11/06/2015
2J. Unsheltered Data - Quality	10/29/2015
3A. System Performance	11/06/2015
3B. Objective 1	11/06/2015
3B. Objective 2	11/06/2015
3B. Objective 3	11/06/2015
4A. Benefits	11/04/2015
4B. Additional Policies	11/04/2015
4C. Attachments	Please Complete
Submission Summary	No Input Required



Lisa Huval <lisa.nmceh@gmail.com>

CoC Permanent Supportive Housing Bonus Project

Lisa Huval <Lisa-H@nmceh.org>

Thu, Oct 22, 2015 at 8:42 AM

To: "Son-Stone, Linda (IHS/ALB)" <linda.son-stone@fnch.org>

Linda,

The CoC Independent Review Committee (IRC) met yesterday to review and score the applications that they received for the 2015 CoC Permanent Housing Bonus project.

Unfortunately, the First Nation's application was not selected for inclusion in the 2015 CoC application to HUD. Please see the attached meeting minutes for details.

The reason the IRC did not select First Nation's project is because the IRC felt that the First Nation's proposal did not meet the minimum criteria listed in the RFP regarding match. The RFP requested applicants to provide a list of match sources and amounts, and the First Nations proposal did not include this information (it only included a very brief statement saying that First Nations would match grant funds with in-kind).

The reason this is important is because HUD has a strict 25% match requirement for all CoC funds (except leasing), and the IRC needs to have enough information from the applicant to know that they can meet this match requirement.

The IRC encouraged First Nations to apply again next year if bonus funds are available, as they feel that your organization would bring a lot to the Continuum of Care. If you are still interested in applying next year let's plan to meet before the NOFA opens to develop your project idea.

You have the right to appeal the IRC's decision. The appeals process is attached. To file an appeal, **you must submit a letter via email or fax to Hank Hughes, NMCEH executive director, by 5:00pm next Thursday, October 29th.** Hank's email is hank-h@nmceh.org.

Please call or email with questions.

Sincerely,
Lisa Huval

--

Lisa Huval
Associate Director
New Mexico Coalition to End Homelessness
[505 217 9570](tel:5052179570)
www.nmceh.org
[Follow Us on Facebook](#)

3 attachments



2015 Score Sheet for Bonus Project Completed by IRC 10-21-15.xls
31K



CoC IRC Minutes 10-21-15.docx
15K



CoC Review, Appeals and Grievance Process Updated Oct 2015.pdf
191K

ALBUQUERQUE CONTINUUM OF CARE GOVERNANCE CHARTER

*Original Governance Charter Approved by the Albuquerque Continuum of Care Membership on January 14, 2014
Last updated on June 11, 2015*

Contents

ALBUQUERQUE CONTINUUM OF CARE (COC) GOVERNANCE FLOW CHART 2

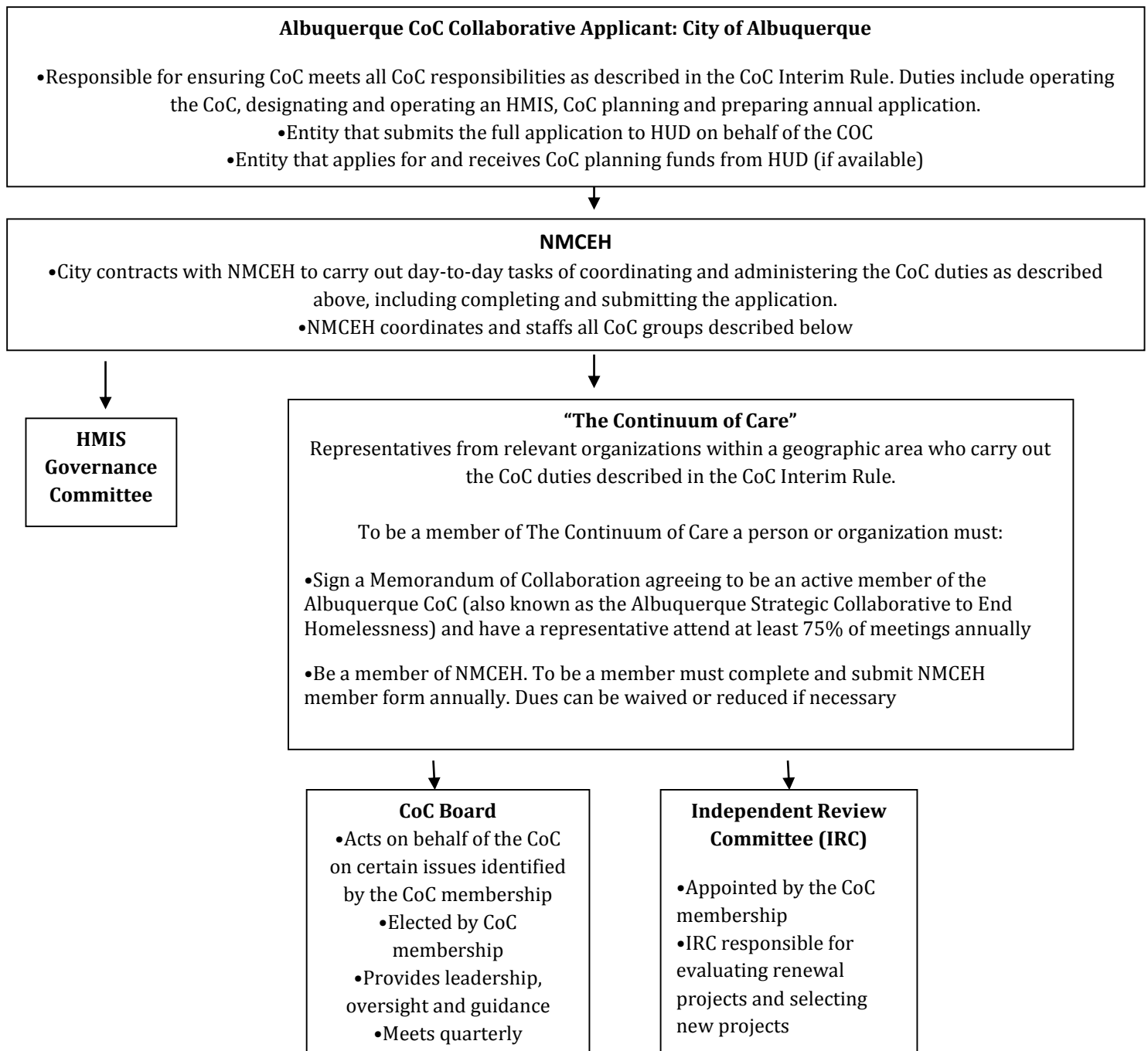
RESPONSIBILITIES OF THE ALBUQUERQUE CONTINUUM OF CARE (CoC) 2

ALBUQUERQUE COC COLLABORATIVE APPLICANT, MEMBERSHIP, BOARD AND COMMITTEES 6

PROCESS FOR MONITORING EMERGENCY SOLUTIONS GRANT (ESG) 10

COMMON STANDARDS FOR ADMINISTERING CONTINUUM OF CARE PERMANENT SUPPORTIVE HOUSING, RAPID
REHOUSE, TRANSITIONAL HOUSING / POLICIES & PROCEDURES FOR COORDINATED ASSESSMENT SYSTEM 11

ALBUQUERQUE CONTINUUM OF CARE (COC) GOVERNANCE FLOW CHART



RESPONSIBILITIES OF THE ALBUQUERQUE CONTINUUM OF CARE (CoC)

The Albuquerque CoC has the following responsibilities as defined and required in the CoC Interim Rule.

The Albuquerque CoC will operate the Continuum of Care, which includes:

- (1) Hold meetings of the full membership, with published agendas, at least semi-annually;
- (2) Invite new members to join publicly available within the geographic area at least annually;
- (3) Adopt and follow a written process to select a board to act on behalf of the Continuum of Care. The process will be reviewed, updated, and approved by the Continuum at least once every 5 years;
- (4) Appoint additional committees, subcommittees, or workgroups;
- (5) In consultation with the collaborative applicant and the HMIS Lead, develop, follow, and update annually a governance charter, which will include all procedures and policies needed to comply with §578.7(b) of the CoC Interim Rule and with HMIS requirements as prescribed by HUD; and a code of conduct and recusal process for the board, its chair(s), and any person acting on behalf of the board;
- (6) Consult with recipients and subrecipients to establish performance targets appropriate for population and program type, monitor recipient and subrecipient performance, evaluate outcomes, and take action against poor performers;
- (7) Evaluate outcomes of projects funded under the Emergency Solutions Grants program and the Continuum of Care program, and report to HUD;
- (8) In consultation with recipients of Emergency Solutions Grants program funds within the geographic area, establish and operate either a centralized or coordinated assessment system that provides an initial, comprehensive assessment of the needs of individuals and families for housing and services. The Continuum must develop a specific policy to guide the operation of the centralized or coordinated assessment system on how its system will address the needs of individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking, but who are seeking shelter or services from nonvictim service providers. This system must comply with any requirements established by HUD by Notice.
- (9) In consultation with recipients of Emergency Solutions Grants program funds within the geographic area, establish and consistently follow written standards for providing Continuum of Care assistance. At a minimum, these written standards must include:
 - (i) Policies and procedures for evaluating individuals' and families' eligibility for assistance under this part;
 - (ii) Policies and procedures for determining and prioritizing which eligible individuals and families will receive transitional housing assistance;
 - (iii) Policies and procedures for determining and prioritizing which eligible individuals and families will receive rapid rehousing assistance;
 - (iv) Standards for determining what percentage or amount of rent each program participant must pay while receiving rapid rehousing assistance;
 - (v) Policies and procedures for determining and prioritizing which eligible individuals and families will receive permanent supportive housing assistance; and

(vi) Where the Continuum is designated a high-performing community, as described in subpart G of the Interim Rule , policies and procedures set forth in 24 CFR 576.400(e)(3)(vi), (e)(3)(vii), (e)(3)(viii), and (e)(3)(ix).

The Albuquerque CoC will designate and operate an HMIS, which includes:

- (1) Designate a single Homeless Management Information System (HMIS) for the geographic area;
- (2) Designate an eligible applicant to manage the Continuum's HMIS, which will be known as the HMIS Lead;
- (3) Review, revise, and approve a privacy plan, security plan, and data quality plan for the HMIS.
- (4) Ensure consistent participation of recipients and subrecipients in the HMIS; and
- (5) Ensure the HMIS is administered in compliance with requirements prescribed by HUD.

The Albuquerque CoC will conduct Continuum of Care planning

The Albuquerque Continuum of Care will develop a plan that includes:

(1) Coordinating the implementation of a housing and service system within its geographic area that meets the needs of the homeless individuals (including unaccompanied youth) and families. At a minimum, such system encompasses the following:

- (i) Outreach, engagement, and assessment;
- (ii) Shelter, housing, and supportive services;
- (iii) Prevention strategies.

(2) Planning for and conducting, at least biennially, a point-in-time count of homeless persons within the geographic area that meets the following requirements:

- (i) Homeless persons who are living in a place not designed or ordinarily used as a regular sleeping accommodation for humans must be counted as unsheltered homeless persons.
- (ii) Persons living in emergency shelters and transitional housing projects must be counted as sheltered homeless persons.
- (iii) Other requirements established by HUD by Notice.

- (3) Conducting an annual gaps analysis of the homeless needs and services available within the geographic area;
- (4) Providing information required to complete the Consolidated Plan(s) within the Continuum's geographic area;
- (5) Consulting with State and local government Emergency Solutions Grants program recipients within the Continuum's geographic area on the plan for allocating Emergency Solutions Grants program funds and reporting on and evaluating the performance of Emergency Solutions Grants program recipients and subrecipients.

The Albuquerque CoC will prepare an application for funds

(a)The Albuquerque Continuum of Care will:

- (1) Design, operate, and follow a collaborative process for the development of applications and approve the submission of applications in response to a NOFA published by HUD under § 578.19 of the CoC Interim Rule;
- (2) Establish priorities for funding projects in the geographic area;

(3) Determine if one application for funding will be submitted for all projects within the geographic area or if more than one application will be submitted for the projects within the geographic area;

(i) If more than one application will be submitted, designate an eligible applicant to be the collaborative applicant that will collect and combine the required application information from all applicants and for all projects within the geographic area that the Continuum has selected funding. The collaborative applicant will also apply for Continuum of Care planning activities. If the Continuum is an eligible applicant, it may designate itself;

(ii) If only one application will be submitted, that applicant will be the collaborative applicant and will collect and combine the required application information from all projects within the geographic area that the Continuum has selected for funding and apply for Continuum of Care planning activities;

(b) The Continuum retains all of its responsibilities, even if it designates one or more eligible applicants other than itself to apply for funds on behalf of the Continuum. This includes approving the Continuum of Care application.

ALBUQUERQUE COC COLLABORATIVE APPLICANT, MEMBERSHIP, BOARD AND COMMITTEES

Albuquerque CoC Collaborative Applicant

The Albuquerque CoC Collaborative Applicant is the City of Albuquerque. As the Collaborative Applicant, the City:

- Is responsible for ensuring CoC meets all CoC duties as described in the CoC Interim Rule and above under “Responsibilities of the Albuquerque Continuum of Care.”
- Is the entity that submits the full application to HUD on behalf of the CoC
- Is the entity that applies for and receives CoC planning funds from HUD (if available)

The City contracts with the New Mexico Coalition to End Homelessness (NMCEH) to carry out the day-to-day tasks of coordinating and administering these CoC duties.

Homeless Management Information System (HMIS) Lead Agency

The Albuquerque CoC has selected the NMCEH as the HMIS lead agency. Albuquerque CoC will follow the HMIS Policies and Procedures and the HMIS Governance Charter, both of which are approved by the HMIS Governing Committee.

The Albuquerque CoC Membership

In order to be a voting member of the Albuquerque CoC an entity or person has to:

- Sign a Memorandum of Collaboration agreeing to be an active member of the Albuquerque Strategic Collaborative to End Homelessness, which is the local name for the Albuquerque CoC.
- Attend at least 75% of CoC meetings annually (9 out of 12 meetings)
- Be a member of NMCEH. To be a member of NMCEH an entity or person must submit a membership form each year. NMCEH can waive membership dues for any entity or person that would like to join the CoC but is unable to afford the dues.

An entity or person may also become an advisory, non-voting member of the Albuquerque Continuum of Care. To become an advisory member of the Albuquerque CoC, an entity or person has to:

- Sign a Memorandum of Collaboration agreeing to be an active member of the Albuquerque Strategic Collaborative to End Homelessness, which is the local name for the Albuquerque CoC.
- Attend at least 75% of CoC meetings annually (9 out of 12 meetings)

NMCEH will invite all potential stakeholders to join the CoC at least annually and will reach out individually to interested stakeholders as appropriate throughout the year. CoC membership should include representatives from homeless services agencies, the City of Albuquerque, Bernalillo County, the City and County Housing Authorities, the Veterans Administration, funders, Albuquerque Public Schools and universities

Albuquerque CoC Member Meetings

The Albuquerque CoC will hold a meeting for all CoC members and other interested stakeholders once a month. These meetings are also known as the “Albuquerque Strategic Collaborative to End Homelessness” meetings. NMCEH will send out a meeting announcement and agenda via email to the CoC members and other interested stakeholders several days before the meeting. The Albuquerque CoC annual meeting will take place in June each year, when it will elect CoC Board members and update the Governance Charter. The Albuquerque CoC will convene special meetings if action is needed on specific items between meetings. These will be announced via email at least one week prior to the meeting. A quorum of the CoC shall be 50% of the CoC membership plus 1.

CoC member meeting activities will include but are not limited to:

- Developing and overseeing implementation of the Albuquerque Plan to End Homelessness
- Providing input into evaluation criteria for CoC and ESG projects
- Providing input into development of centralized assessment system (this will be led by a centralized assessment working group)
- Providing information and analysis needed to complete CoC application
- Developing a written process for electing a CoC Board and elect a CoC board
- Nominating and approving members for the Independent Review Committee
- Developing written standards for providing Continuum of Care assistance (per CoC regulations)

The NMCEH holds NMCEH membership meetings every other month beginning in January; members can join either in-person or via webinar. Meetings announcements and agenda are sent out via the NMCEH list-serve a few days in advance of the meeting. The NMCEH will convene special meetings if action is needed on specific items between meetings. Special meetings will be announced via email at least one week prior to the meeting and the meetings will take place via webinar and/or conference call. The Albuquerque CoC will use the NMCEH membership meetings to consider any CoC appeals regarding either changes to renewal projects or selection of new projects. The Albuquerque CoC will also use the NMCEH membership meetings to conduct planning around statewide CoC issues such as HMIS, the statewide Coordinated Assessment System and increasing state funding for supportive housing.

Anyone is welcome to attend the Albuquerque CoC or NMCEH member meetings regardless of whether they are officially a member of the Albuquerque CoC or NMCEH.

Albuquerque CoC Board

Board Composition:

- The Board of Directors shall consist of a minimum of five and a maximum of nine Directors.
- At least one representative will be a person who is experiencing or who has experienced homelessness.
- The other representatives will be from entities that serve people experiencing homelessness or are involved in addressing homelessness in other ways. There should be a mix of public and private agencies and a mix of agencies that serve different sub-populations.
- All members will serve two year terms. Members may be re-elected to two consecutive terms.
- A quorum of the Board shall be 50% of the Board membership plus 1. When necessary, a vote may be taken by email. Meetings may also be held by conference call if necessary.

- Any vacancy in the Board of Directors may be filled by election at the next regular meeting of the general membership.
- Any director may resign from office by delivering a written resignation to the Chair, Vice Chair or Secretary.
- Any director may be removed from office, with or without cause, by the general membership in any regular meeting.
- The CoC Board will elect a chair, a vice chair and a secretary at its first meeting after election of board members each year. The chair will preside over board meetings. The vice chair will preside over meetings when the chair is absent. The secretary will ensure that minutes are taken at each meeting and made available for public review. The officers will serve for one year terms and may be re-elected to two consecutive terms.
- All CoC Board members must sign a Code of Conduct that has been approved by the Albuquerque Continuum of Care. By signing the Code of Conduct the Board members agrees that if he/she will derive any profit or gain, directly or indirectly, for themselves or their family or business associates by reason of membership on the Board or any Continuum of Care Committees shall disclose such interest to the NMCEH and will refrain from participating in any decision on such matters. Consumers and housing participants need only refrain from participating in a decision when the decision directly impacts a specific agency from which they receive services.

Board Selection Process:

- The Albuquerque CoC will accept nominations for board members in the winter/early spring of each year.
- The Albuquerque CoC will elect new board members annually at the June meeting.

Responsibilities of CoC Board:

- Monitor Albuquerque's progress in implementing the Albuquerque plan to end homelessness (*A Community Response to Homelessness in Albuquerque 2013-2017*)
- Represent the Albuquerque Strategic Collaborative in the community
- Help develop strategy for annual CoC application cycle, particularly when we are facing major changes such as cuts
- Monitor whether CoC members are meeting CoC membership requirements.
- Nominate people to serve on the CoC Independent Review Committee

Meetings:

The CoC Board will meet quarterly.

Albuquerque CoC Workgroups and Subcommittees

The Continuum of Care will have subcommittees and workgroups as needed. In some cases these will be appointed by the Albuquerque CoC and in other cases they will be appointed by the NMCEH. The three subcommittees/working groups that the Albuquerque CoC has in place right now are:

Independent Review Committee (IRC)

The Albuquerque CoC is required to have a fair and impartial process for evaluating both renewal and new projects, which it does through an IRC. The IRC will be appointed annually by the CoC membership. A person who is affiliated with an organization that receives CoC funding or that plans to apply for CoC funding in the current application cycle cannot serve on the IRC. This includes current staff, board members and clients of CoC funded agencies. There is one exception to this policy. The City of Albuquerque is allowed to have one representative on

the IRC even though the City receives CoC funding. The CoC has decided that as the CoC Collaborative Applicant the City should be involved in evaluating all CoC projects. In addition, the City keeps only a small amount of the CoC funding it receives to help pay for administrative costs, and contracts the remaining funds to non-profit organizations to actually operate the CoC programs.

The Albuquerque Continuum of Care Board will nominate people to serve on the IRC. Albuquerque Strategic Collaborative to End Homelessness members will vote to appoint these nominees at one of the regular monthly Collaborative meetings.

There will a minimum of 5 and a maximum of 9 IRC members. Ideally, there should be an odd number of IRC members although it is acceptable to have an even number. IRC members will be appointed to a two year term. Starting in 2015, IRC members are limited to serving two consecutive terms. An IRC member may serve more than two terms, but there needs to be at least a two year break after serving two consecutive terms.

The IRC will set evaluation and selection criteria for renewal and new projects, and to evaluate projects based on those criteria. The IRC will also rank projects, based on those evaluation criteria, if the CoC is required to do that by HUD. The CoC membership will provide input into these evaluation and selection criteria. There is a formal appeals process in place for any agency that disagrees with the IRC's decisions

HMIS Governance Committee

This group consists of NMCEH, City of Albuquerque, New Mexico Mortgage Finance Authority (MFA) and several HMIS user agencies. This group meets quarterly. Members are appointed by NMCEH, MFA and City of Albuquerque.

PROCESS FOR MONITORING EMERGENCY SOLUTIONS GRANT (ESG)

The City of Albuquerque will contract with NMCEH to annually monitor all ESG funded projects within the CoC. The CoC will annually set outcomes that they expect ESG projects to achieve. Outcomes will be housing focused. NMCEH staff will use HMIS to determine whether ESG projects have achieved those outcomes. If not, the City of Albuquerque and NMCEH will provide technical assistance to the ESG recipient to help them improve their outcomes.

COMMON STANDARDS FOR ADMINISTERING CONTINUUM OF CARE PERMANENT SUPPORTIVE HOUSING, RAPID REHOUSE, TRANSITIONAL HOUSING / POLICIES & PROCEDURES FOR COORDINATED ASSESSMENT SYSTEM

Common Standards for Administering Albuquerque and New Mexico Balance of State Continuum of Care (CoC) Permanent Supportive Housing Assistance

These standards were approved by NMCEH Membership (Balance of State CoC) on May 8, 2015 and approved by Albuquerque Strategic Collaborative to End Homelessness (Albuquerque CoC) on May 21, 2015

NMCEH is required to establish policies and procedures for determining and prioritizing which eligible individuals and families will receive permanent supportive housing assistance. Permanent Supportive Housing (PSH) is targeted to households who need services in order to maintain housing and there is prioritization for people who have been homeless for long periods of time or have experienced repeat episodes of homelessness. At a minimum, candidates for PSH must meet the Eligibility Requirements.

Use of the common standards of entry and the coordinated assessment system are requirements under the Continuum of Care (CoC) program. The CoC Impartial and Independent Review Committees will evaluate whether CoC programs have adhered to the standards and fully utilized the coordinated assessment system, along with other evaluation criteria, when making annual renewal determinations.

1. Eligibility Requirements:

1. Is Literally Homeless (according to HUDs guidelines); **and**
2. Has a member of the household with a severe or significant disabling condition.

2. Prioritization:

For 2015 and 2016, the Albuquerque and Balance of State CoCs will prioritize homeless veterans and chronically homeless individuals and families for openings in permanent supportive housing. Homeless veterans and chronically homeless people, will be ranked in priority order according to their VI-SPDAT score. The higher the VI-SPDAT score, the higher the priority for the person or family to be placed into housing. Agencies that operate permanent supportive housing projects are asked to house the person on the list with the highest VI-SPDAT score who meets all of their eligibility requirements, and is interested in their housing. The VI-SPDAT score includes duration of homelessness, physical health, behavioral health, and other factors to come up with an overall assessment of vulnerability.

When all of the homeless veterans and chronically homeless people have been housed, the remaining homeless people with disabilities will be ranked according to their VI-SPDAT score.

Since there will be rare occasions when a homeless person or household with a low VI-SPDAT score has other circumstances that make it urgent that they be housed, agencies may have an exception to the prioritization so that they may house the person or household immediately. The process for an exception is that the staff of the agency

making the exception will write a letter or email to the Coordinated Assessment Director explaining the reason for the exception and the agency must keep a copy of the letter in their file. Agencies may have exceptions for up to 20% of their intakes in a year and still be in full compliance with the Coordinated Assessment project.

3. Documentation

A. Documentation of Homelessness Status

Evidence of an individual or head of household's current living situation must be documented by a written observation by an outreach worker, a written referral by housing or service provider, or a certification by the household seeking assistance that demonstrates that the individual or head of household is currently homeless and living in a place not meant for human habitation, in an emergency shelter, or a safe haven.

If an individual qualifies as homeless because he or she resided in an emergency shelter or a place not meant for human habitation and is exiting an institution where he or she resided for 90 days or less, acceptable documentation is:

- i. Discharge paperwork or a written or oral referral from a social worker, case manager, or other appropriate official of the institution, stating the beginning and end dates of the time residing in the institution that demonstrate the person resided there for less than 90 days. All oral statements must be recorded by the intake worker; or
- ii. Where the evidence above is not obtainable, a written record of the intake worker's due diligence in attempting to obtain the evidence described in the paragraph i. above and a certification by the individual seeking assistance that states that they are exiting or have just exited an institution where they resided for less than 90 days; and
- iii. Evidence that the individual was homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter, and met the criteria in paragraph (1) of the definition for chronically homeless in 24 CFR 578.3, immediately prior to entry into the institutional care facility.

B. Documentation of Chronic Homelessness Status

When relevant, programs must document that the individual or family is chronically homeless by documenting that the individual or family was homeless for at least one year or had four separate homeless occasions over 3 years.

i. Evidence that the homeless occasion was continuous, for at least one year.

Recipients must provide evidence that the homeless occasion was continuous, for a year period, without a break in living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter. A break is considered at least seven or more consecutive nights not residing in a place not meant for human habitation, in shelter, or in a safe haven. At least 9 months of the 1-year period must be documented by one of the following: (1) HMIS data, (2), a written referral, or (3) a written observation by an outreach worker. In only **rare** and **the most extreme cases**, HUD would allow a certification from the individual or head of household seeking assistance in place of third-party documentation for up to the entire period of homelessness. Where third-party evidence could not be obtained, the intake worker must obtain a certification from the individual or head of household seeking assistance, and evidence of the efforts made to obtain third-party evidence as well as documentation of the severity of the situation in which the individual or head of household has been living. An example of where this might occur is where

an individual has been homeless and living in a place not meant for human habitation in a secluded area for more than 1 year and has not had any contact with anyone during that entire period.

Note: *A single encounter with a homeless service provider on a single day within 1 month that is documented through third-party documentation is sufficient to consider an individual or family as homeless for the entire month unless there is any evidence that the household has had a break in homeless status during that month (e.g., evidence in HMIS of a stay in transitional housing).*

ii. Evidence that the household experienced at least four separate homeless occasions over 3 years.

Recipient must provide evidence that the head of household experienced at least four, separate, occasions of homelessness in the past 3 years. Generally, at least three occasions must be documented by either: (1) HMIS data, (2) a written referral, or (3) a written observation. Any other occasion may be documented by a self-certification with no other supporting documentation. In only rare and the most extreme cases, HUD will permit a certification from the individual or head of household seeking assistance in place of third-party documentation for the three occasions that must be documented by either: (1) HMIS data, (2) a written referral, or (3) a written observation. Where third-party evidence could not be obtained, the intake worker must obtain a certification from the individual or head of household seeking assistance, and must document efforts made to obtain third-party evidence, and document of the severity of the situation in which the individual has been living. An example of where this might occur is where an individual has been homeless and living in a place not meant for human habitation in a secluded area for more than one occasion of homelessness and has not had any contact with anyone during that period.

C. Documentation of Disability

Programs must document that the participant has a diagnosis of one or more of the following conditions: substance use disorder, serious mental illness, developmental disability (as defined in Section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002), post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability. Evidence of this criterion must include one of the following:

- i.** Written verification of the condition from a professional licensed by the state to diagnose and treat the condition;
- ii.** Written verification from the Social Security Administration;
- iii.** Copies of a disability check (e.g., Social Security Disability Insurance check or Veterans Disability Compensation);
- iv.** Intake staff (or referral staff) observation that is confirmed by written verification of the condition from a professional licensed by the state to diagnose and treat the condition that is confirmed no later than 45 days of the application for assistance and accompanied with one of the types of evidence above; or

4. Operation

A. Length of Stay

There is no maximum length of stay in Permanent Supportive Housing programs. Residents may stay in permanent supportive housing until they find a different permanent housing situation that better meets their needs, provided they abide by the terms of their lease.

B. Client Rent

All clients enrolled in permanent supportive housing may be required to pay rent. Rent shall be calculated according to Section 426(d) of the McKinney-Vento Act and 24 CFR 583.315 set the maximum amount that may be charged. The *maximum* resident rent is the higher of:

- i. 30% of monthly adjusted income; or
- 10% of monthly gross income

Standards for Administering Albuquerque and New Mexico Balance of State Continuum of Care (CoC) Transitional Housing and Rapid Rehousing Assistance

Approved by NMCEH Membership (Balance of State CoC) on May 8, 2015 and approved by Albuquerque Strategic Collaborative to End Homelessness (Albuquerque CoC) on May 21, 2015

NMCEH is required to establish policies and procedures for determining and prioritizing which eligible individuals and families will receive transitional housing and rapid re-housing assistance. Transitional Housing (TH) and Rapid Rehousing (RRH) targeted to households that need temporary housing assistance and services in order to maintain housing and have fewer barriers to housing and employment than people who need permanent supportive housing.

Use of the common standards of entry and the coordinated assessment system are requirements under the Continuum of Care (CoC) program. The CoC Impartial and Independent Review Committees will evaluate whether CoC programs have adhered to the standards and fully utilized the coordinated assessment system, along with other evaluation criteria, when making annual renewal determinations.

1. Eligibility Requirements

For Rapid Re-Housing

1. Is Literally Homeless (according to HUDs guidelines); **and**
2. Has identified a VI-SPADT score between 5 and 9.

For Transitional Housing

1. Is Literally Homeless or at imminent risk of homelessness (according to HUDs guidelines); **and**
2. Has identified a VI-SPADT score between 5 and 9.

2. Prioritization

Homeless households will be ranked in priority order according to their VI-SPDAT score. The higher the VI-SPDAT score, the higher the priority for the person or family to be placed into housing. Non-domestic violence agencies that operate transitional housing or rapid rehousing projects are asked to house the person on the list with the highest VI-SPDAT score who meets all of their eligibility requirements, and is interested in their housing. The VI-SPDAT score includes duration of homelessness, physical health, behavioral health, and other factors to come up with an overall assessment of vulnerability.

At least 80% of clients should be accepted from the high priority clients on the waiting list in HMIS. Projects are allowed to accept 20% of their clients from those with lower VI/SPDAT scores where other factors justify placing these clients into housing and still be considered to be in full compliance with Coordinated Assessment.

Special procedures for Domestic Violence agencies

1. DV agencies with HUD funded programs are required to participate in Coordinated Assessment, but are not required to enter any data into HMIS. DV agencies should do the VI/SPDAT on paper for any potential transitional housing or rapid rehousing clients and compute the VI/SPDAT score manually.
2. DV agencies who wish to refer a client to other non-DV CoC funded housing programs will need to develop a procedure to have the client's information including VI/SPDAT entered into the HMIS system once the client is able to safely do so.

3. Documentation of Homeless Status

A. Literally Homeless

Evidence of an individual or head of household's current living situation must be documented by a written observation by an outreach worker, a written referral by housing or service provider, or a certification by the household seeking assistance that demonstrates that the individual or head of household is currently homeless and living in a place not meant for human habitation, in an emergency shelter, or a safe haven.

If an individual qualifies as homeless because he or she resided in an emergency shelter or a place not meant for human habitation and is exiting an institution where he or she resided for 90 days or less, acceptable documentation is:

- i. Discharge paperwork or a written or oral referral from a social worker, case manager, or other appropriate official of the institution, stating the beginning and end dates of the time residing in the institution that demonstrate the person resided there for less than 90 days. All oral statements must be recorded by the intake worker; or
- ii. Where the evidence above is not obtainable, a written record of the intake worker's due diligence in attempting to obtain the evidence described in the paragraph i. above and a certification by the individual seeking assistance that states that they are exiting or have just exited an institution where they resided for less than 90 days; and
- iii. Evidence that the individual was homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter, and met the criteria in paragraph (1) of the definition for chronically homeless in 24 CFR 578.3, immediately prior to entry into the institutional care facility.

B. Imminent Risk of Homelessness

Evidence of imminent risk of homelessness must be documented by:

- i. A court order resulting from an eviction action that requires the individual or family to leave their residence within 14 days after the date of their application for assistance; or the equivalent notice under applicable state law, a Notice to Quit, or a Notice to Terminate issued under state law; OR
- ii. For individuals and families whose primary nighttime residence is a hotel or motel room not paid for by charitable organizations or federal, state, or local government programs for low-income individuals, evidence that the individual or family lacks the resources necessary to reside there for more than 14 days after the date of application for homeless assistance; OR
- iii. An oral statement by the individual or head of household that the owner or renter of the housing in which they currently reside will not allow them to stay for more than 14 days after the date of application for homeless assistance. The intake worker must record the statement and certify that it was found credible. To be found credible, the oral statement must either: (I) Be verified by the owner or renter of the housing in which the individual or family resides at the time of application for homeless assistance and be documented by a written certification by the owner or renter or by the intake worker's recording of the owner or renter's oral statement; or (II) if the intake worker is unable to contact the owner or renter, be documented by a written certification by the intake worker of his or her due diligence in attempting to obtain the owner or renter's verification and the written certification by the individual or head of household seeking assistance that his or her statement was true and complete;

AND

- iv. Certification by the individual or head of household that no subsequent residence has been identified;

AND

- v. Certification or other written documentation that the individual or family lacks the resources and support networks needed to obtain other permanent housing.

4. Operation

A. Length of Stay

The maximum length of stay in transitional housing is 24 months and the maximum length of assistance under a rapid rehousing program is also 24 months. Programs may initially approve homeless households for a shorter length of assistance based on the estimated time for the household to be able to pay rent on their own, and grant extensions as needed.

B. Client Rent

All clients enrolled in TH or RRH may be required to pay rent. Rent shall be calculated according to Section 426(d) of the McKinney-Vento Act and 24 CFR 583.315 set the maximum amount that may be charged. The *maximum* resident rent is the higher of:

1. 30% of monthly adjusted income; or
2. 10% of monthly gross income.



New Mexico Coalition to
End Homelessness

New Mexico Homeless Management Information System (HMIS)

Policies and Procedures

Version 3.2

(Update Approved by NM HMIS Governing Committee: 10 March 2015)



Table of Contents

HUD HMIS Requirement	3
NM HMIS Organizational Structure	4
A. Organization and Management of the NM HMIS	4
A.1. Project Management	4
A.2. NM HMIS Governing Committee	4
A.3. NM HMIS Staff Roles and Responsibilities	5
A.4. Agency Administrators	6
A.5. User Access Security Levels and Account Management	7
A.6. NM HMIS Communication with Authorized Agencies	8
A.7. NM HMIS HelpDesk and Technical Assistance	8
A.8. NM HMIS Project Monitoring and Evaluation	9
A.9. Authorized Agency Grievances	9
B. Agency and User Participation	10
B.1. Access to Core Database	10
B.2. NM HMIS Agency Data Sharing Agreements and User Licenses	10
B.3. Data Entry Profile Information	11
B.4. System Availability	12
B.5. Authorized Agency Hardware/Software Requirements	12
B.6. Required Training	13
B.7. NM HMIS Agreement Suspension/Termination and Data Ownership	14
C. Data Collection, Quality Assurance and Reporting	14
C.1. Ethical Data Use	14
C.2. Data Access Computer Requirements	15
C.3. Required Data Collection	16
C.4. Inter-Agency Data Sharing	16
C.5. Extracted Data	17
C.6. Client Rights and Confidentiality of Records	17
C.7. Client Grievance	18
C.8. Data Quality Assurance	19
C.9. Data Timeliness	19
C.10. Public Data Retrieval and Support	20
Definitions	21
Summary of Policies and Procedures for Users	23
Attachments	
1. HUD Universal Data Elements	
2. Agency HMIS Setup Form	
3. Data Sharing Form	
4. User Agreement Form	
5. HelpDesk TA Request Form	
6. Sample Staff Confidentiality Agreement	
7. NM HMIS Program Intake Form	

8. NM HMIS Client Consent Form

**New Mexico Homeless Management Information System (NM HMIS)
Standard Operating Procedures**

The guidelines set forth in this document are subject to change.

This is version 3.1 effective 15 January 2014.

This document details the Policies and Standard Operating Procedures (SOP) that govern the operations of the New Mexico Homeless Management Information System (NM HMIS) and have been developed to establish standards for the collection, storage and dissemination of private and confidential information by the users of the NM HMIS. It outlines the roles and responsibilities of all agencies and persons with access to NM HMIS data – from data collection through data entry and reporting - and it contains important and useful information about the ways in which NM HMIS data is secured and protected. All agencies using the NM HMIS should read this document in full and assure that each of its users understands and are held responsible to comply with its contents.

U.S. Dept. of Housing and Urban Development (HUD) HMIS Requirement

A Homeless Management Information System (HMIS) is a computerized data collection tool used by communities to collect, to manage, and to report ongoing data on people who are homeless and receive assistance from the community. HUD requires NM HMIS to provide unduplicated statistical demographic reports on the numbers and characteristics of clients served as well as on program outcomes, but does not require report of any client-specific information from the NM HMIS for the programs it funds. Only de-identified and/or aggregate-level data is reported to HUD. This data can be used to calculate the size and needs of these populations, and to describe service utilization patterns. In July 2003, the U.S. Department of Housing and Urban Development (HUD) published a draft notice for HMIS. This notice required all recipients of HUD McKinney-Vento Act program funds to participate in HMIS. In July 2004, HUD finalized the requirements for HMIS. The notice specified what data to collect as well as establishing minimum baseline policies and procedures for communities to follow. Updates to the HUD HMIS data standards were approved in March, 2010, and draft updates for 2013 are pending to align the standards with requirements under the Hearth Act. All HUD updates to the HMIS standards are incorporated by reference in this document.

NM-HMIS program and client data will be used to compile the Annual Homeless Assessment Report (AHAR), as well as the Annual Performance Report (APR) and/or Consolidated Annual Performance and Evaluation Report (CAPER) required of HUD funded programs, the annual Housing Inventory Chart (HIC) and Point in Time (PIT) count of sheltered persons. Also, the Super Notice of Funding Availability (SuperNOFA) stipulates that the annual competitive grant application process will rate each Continuum of Care's progress in its HMIS implementation.

All agencies that receive certain HUD grants, including the Supportive Housing Program, Permanent Housing/Rental Assistance, Rapid Re-housing, Emergency Solutions Grants (ESG) and Housing Opportunities for People with AIDS (HOPWA), certain Veterans Administration

programs (e.g., Grant per Diem, Supportive Services for Veterans Families), and including funds distributed through the New Mexico Mortgage Finance Authority (MFA) or City of Albuquerque (CABQ), are required to participate in the NM HMIS. Under the proposed 2013 update to the HMIS data standards, additional federal programs will be required to participate in HMIS including Projects for Assistance in Transition from Homelessness (PATH), Runaway and Homeless Youth (RHY) and HUD VASH. Some privately funded providers participate on a voluntary basis.

NM HMIS Organizational Structure

It is the goal of the NM HMIS project to support homeless service agencies to meet their information needs and reporting requirements by providing the capability and technical assistance to collect and manage their client level data, providing a confidential and secure data environment, automatically generating standard reports, and improving service delivery.

The NM HMIS provides statewide coverage, specifically encompassing New Mexico's two HUD defined Continuums of Care regions (CoCs): metro Albuquerque and the Balance of State. The New Mexico Coalition to End Homelessness (NMCEH), a non-profit agency with offices in Santa Fe, Albuquerque, and Las Cruces, New Mexico, is the administrative agency that manages all aspects of the New Mexico HMIS project. The NM HMIS project has a Governing Committee that includes representatives of the New Mexico Mortgage Finance Authority (MFA), the City of Albuquerque (CABQ), and participating agencies and consumers, and provides independent guidance and feedback to NMCEH on the development of the project. The NMCEH is the lead agency for HMIS and assigns staff to manage the HMIS project, train users, and conduct data analysis. The MFA, the CABQ Department of Family and Community Services, and HUD provide financial support for the NM HMIS project. Effective July 2011, Bowman Systems LLC and their HMIS software application known as ServicePoint, was selected by NMCEH in consultation with MFA, CABQ, and local service providers in 2010 through a competitive demonstration process. The NM HMIS database and web application server is housed in Shreveport, Louisiana, at the headquarters of Bowman Services in order to provide 24-hour security and support for system hardware and software. Bowman employs a full time technical staff dedicated to system maintenance and performance. ServicePoint is updated periodically to maintain scheduled compliance with changes to HUD data collection and reporting requirements.

A. Organization and Management of the NM HMIS

A.1. Project Management

- **Policy:** The New Mexico Coalition to End Homelessness (NMCEH) is responsible for project management and coordination of the NM HMIS through an HMIS Governing Committee, by defining and assigning HMIS staff positions and duties, and by serving as the contract holder and administrator with the NM HMIS vendor Bowman Systems LLC.
- **Procedure:** All concerns relating to the policies and procedures of the HMIS should be

addressed with the NM HMIS Project Director, however, the NM HMIS Governing Committee is the final authority for policies and procedures of the NM HMIS.

A.2. NM HMIS Governing Committee

- **Policy:** The New Mexico HMIS Project is managed by the New Mexico HMIS Governing Committee with membership comprised of 1 representative from the New Mexico Mortgage Finance Authority (MFA), 1 representative from the City of Albuquerque, 1 representative from the New Mexico Coalition to End Homelessness, 1 HMIS user representative from the Balance of State Continuum of Care, 1 HMIS user representative from the Albuquerque Continuum of Care, and 1 consumer representative. The NM HMIS Governing Committee sets policies for the NM HMIS and works with the NMCEH Executive Director and the HMIS Project Director to develop annual strategic plans for the HMIS project. Financial decisions that affect NMCEH, MFA or the City of Albuquerque would be subject to approval by the appropriate administrators or governing bodies of these organizations.

Procedure: The NM HMIS Governing Committee meets bimonthly, with a call in option for members living outside of Albuquerque. The NM HMIS Governing Committee is staffed by the HMIS Project Director who is a staff person of NMCEH and a non-voting member of the Governing Committee.

A.3. NM HMIS Staff Roles and Responsibilities

- **Policy:** NMCEH develops and maintains staffing level adequate to manage all aspects of the NM HMIS project, including a Project Director, Project Manager, and Data Quality Coordinators. These positions collectively manage day-to-day operations of the NM HMIS and are, therefore, provided access to all client level data through a User Agreement that binds them to the same confidentiality and privacy requirements as any other HMIS user, and so is available for public review upon request. The NM HMIS Governing Committee is ultimately responsible for all final decisions regarding planning and implementation of the NM HMIS.
- **Procedure:**

The NM HMIS *Project Director* manages the statewide development and implementation of the New Mexico Homeless Management Information System. Specific roles and responsibilities include, but are not limited to:

- Coordinating with the NM HMIS Governing Committee to maintain and update effective HMIS policies and procedures;
- Managing the contract with the software vendor, and coordinating system development and implementation with the vendor;
- Lead responsibility for development, review, and issuance of system level reporting

- (e.g., APR, AHAR, PIT, HIC) and data quality management;
- Lead responsibility for planning and general management of all system-wide HMIS issues and troubleshooting of system level problems;
- Development of annual HMIS CoC applications;
- Summary contract reporting to HUD, CABQ;
- Supervision of NM HMIS staff.

The NM HMIS *Project Managers (North and South)* oversee the statewide administration of the New Mexico Homeless Management Information System. Specific roles and responsibilities include, but are not limited to:

- Manage agency and user accounts, including software license administration and monitoring compliance with user standards;
- Lead responsibility for development and provision of effective and efficient HMIS Agency Administrator and User Training;
- Arrange and provide regular NM HMIS trainings in southern New Mexico;
- Arrange and provide regular NM HMIS trainings in northern New Mexico;
- Work with the local agency administrators to set up and finalize the NM HMIS taxonomy and agency/program(s) profile(s) ;
- Technical assistance with programming and query development in HMIS.

The NM HMIS *Data Quality Coordinator(s)* oversees the functional operation of the New Mexico Homeless Management Information System. Specific roles and responsibilities include, but are not limited to:

- Tracking general data quality indicators – especially accuracy and completeness of universal data elements- at the agency and system levels, and providing support to continuously improve client level data quality and reporting;
- Conduct regular/ongoing data de-duplication review, and contact agencies with duplicate records to assist them in resolving and aligning;
- Provide support for report generation and analysis;
- Lead responsibility for managing NM HMIS Help Desk, including prioritization and timely processing of work requests.

A.4. Agency Administrators

Policy: Each Authorized Agency (see section B.2 below) must designate a staff member to be the local HMIS Agency Administrator who is responsible on a day-to-day basis for enforcing the data and office security requirements under these Policies and Standard Operating Procedures. Only one person per Authorized Agency may be designated as the Agency Administrator, and each Authorized Agency must have an acting Agency Administrator for any time the agency has an active authorized HMIS account.

Procedure: The Executive Director of an Authorized Agency must identify an appropriate Agency Administrator and provide that person's name and contact information to the NM HMIS Program Manager. Changes to that information must be reported immediately to the NM

HMIS Program Manager. The NM HMIS Program Manager is responsible for maintaining a current list of Agency Administrators. Agency Administrators must be licensed authorized NM HMIS users and have successfully completed HMIS training. Agency Administrators are responsible for the following:

- Serves as the primary contact between the Authorized Agency and NM HMIS;
- Arranges for new prospective users in their agency to attend HMIS training;
- Immediately communicates changes in the status of all NM HMIS users associated with the Authorized Agency, assures that all agency staff terminated from active HMIS user status have their user accounts immediately inactivated, and provides a quarterly list of all current HMIS users in their agency, including user names, to the Agency Administrator for tracking and verification;
- Serves as a preliminary contact for problem solving at their agency and, as needed, serves as the sole point of contact for scheduling technical assistance for their HMIS account or staff;
- Communicates any needed changes to the agency HMIS account (e.g., additional or new reporting requirements);
- Communicates software update information and related news as needed to agency HMIS users;
- Monitor the accuracy and completeness of all data entered in HMIS, and assures that it meets the reporting requirement(s) of their contract(s) and Grant agreement(s);
- Monitor and enforces compliance with NM HMIS policies and procedures, and standards of client confidentiality and ethical data collection, entry, and retrieval at the agency level;
- Ensure that agency set up and use of HMIS complies with all security standards in order to protect client privacy and confidentiality;
- Holds primary agency license and access to report generation tools in ServicePoint HMIS, and is thereby responsible for executing and reviewing summary reports (e.g., APR).

A.5. User Access Security Levels and Account Management

Policy: NM HMIS assumes a “need to know” basis for providing access to client data. All NM HMIS Users will be authorized a level of access to HMIS data that is appropriate to the duties of their position. All users should have the level of access that allows efficient job performance without compromising the security of the NM HMIS or the integrity of client information. The NM HMIS username and password should be stored in a secured manner. User passwords must be reset every 45 days to maintain access security.

Procedure: *ServicePoint* allows multiple levels of user access to client data, although NM HMIS provides user access for data entry to all authorized users. Access is assigned when new users are added to the system and can be altered as needs change. Only NM HMIS staff at NMCEH is allowed to create or change user accounts in any manner, including assignment of user names and passwords, or assignment of user licenses. The username and password assigned to each NM HMIS user is unique and should not be shared, disseminated, be made viewable, or in any

manner be communicated – intentionally or unintentionally – between anyone other than authorized users or administrators. NM HMIS will prompt users to reset account passwords every 45 days. If a user forgets a password, they may request the NM HMIS Program Manager to reset a temporary password, although Agency Administrators must confirm the authenticity of the request. Other user account types may be arranged through the HMIS Project Manager (e.g., a volunteer may be limited to view only client nominal information while being restricted from client assessment records).

A.6. NM HMIS Communication with Authorized Agencies

Policy: The NM HMIS Project Director will maintain a high level of availability to authorized agencies. The Project Director is responsible for relevant and timely communication with each agency regarding general management of the NM HMIS, and will communicate system-wide changes and other relevant information to Agencies as required. All communications with Bowman Systems regarding NM HMIS ServicePoint application must be addressed through the Project Director.

Procedure: General communications from the NM HMIS Project Director will be sent to the Agency Administrator. The NM HMIS Project Director will use the ServicePoint “news” function to announce regular and ongoing information regarding changes in the administration and use of the NM HMIS application. Critical (important and/or time-sensitive) news will also be communicated via email listserv to facilitate agency administrators who will be required to sign up for the listserv. Agency Administrators are responsible for disseminating that information promptly and appropriately to others at their agency. Authorized Agencies are responsible for communicating needs and questions regarding the NM HMIS directly to the Project Director. Although specific problems and resolutions may take longer, the NM HMIS Project Director will respond to Authorized Agency questions and issues within three business days of receipt. In the event of planned unavailability, the NM HMIS Project Director will notify Authorized Agencies in advance and designate a backup contact.

A.7. NM HMIS HelpDesk and Technical Assistance

Policy: The NM HMIS project will maintain a HelpDesk function available to Agency Administrators and Users for the purpose of managing and addressing technical assistance needs for data entry, reporting, and general system use.

Procedure: Users at Authorized Agencies will communicate needs, issues and questions to the Agency Administrator. If the Agency Administrator is unable to resolve the issue, the Agency Administrator will contact the NM HMIS Program Manager. The NM HMIS Program Manager will maintain a phone and an email contact to address technical questions and issues regarding day-to-day use of the NM HMIS ServicePoint application and general data management. Hardware and connectivity issues not related to the HMIS software should be addressed by the Authorized Agency’s internal IT staff. Whenever possible, the Project Manager will attempt to resolve the issue at the time of contact, either by directly addressing the question, providing

immediate technical assistance, or referring to another HMIS staff as appropriate. For more complex issues or technical assistance needs, or when competing requests require prioritization, the Project Manager may direct the agency to submit a work order request. Upon receipt of a work order request, the Project Manager will prioritize the request, assign it to appropriate NM HMIS staff, and communicate an estimated turnaround time to the requesting agency. NM HMIS commits to resolve all requests as quickly as possible in light of workload and complexity. The NM HMIS Program Manager will attempt to respond to Authorized Agency needs within three business days of the first contact. Should an HMIS issue remain unresolved, the issue may be directed to the NM HMIS Project Director who, as appropriate, may consult with Bowman Systems, the NM HMIS Governing Committee or the NMCEH Executive Director as needed.

A.8. NM HMIS Project Monitoring and Evaluation

Policy: NM HMIS will conduct an annual survey of Agency Administrators and Users to monitor and evaluate the effectiveness of the project and, based on the information received, may review and modify Policies and Standard Operating Procedures as necessary.

Procedure: A comprehensive survey of NM HMIS satisfaction, including opportunity for open-ended feedback, will be distributed to all NM HMIS users and administrators around December of each calendar year. Survey findings will be compiled, analyzed, summarized, and distributed to all respondents. The survey will be designed to be comparable from year to year so as to monitor progress and growth of the project. Modifications may be made to the NM HMIS Policies and SOP as appropriate based on survey feedback.

A.9. Authorized Agency Grievances

Policy: The NM HMIS and all data stored therein is the property of NMCEH which has authority over the operation, maintenance and security of the NM HMIS. Violations of the HMIS Agency Data Sharing Agreement, the Standard Operating Procedures, privacy policies developed at the agency level, or other applicable laws may subject the Authorized Agency to discipline and/or termination of access to the NM HMIS. Authorized Agencies will contact the NM HMIS Project Director to address HMIS problems including but not limited to operation or policy issues. If an issue cannot be resolved, Authorized Agencies may contact the NM HMIS Governing Committee which will have final decision-making authority over all grievances that arise pertaining to the use, administration and operation of the NM HMIS.

Procedure: Authorized Agencies will bring HMIS problems or concerns to the attention of the NM HMIS Project Director who may ask for these issues to be stated in writing. If problems, concerns or grievances cannot be resolved by the NM HMIS Project Director, or if it is not appropriate to raise the issue with the NM HMIS Project Director, the issue will be directly communicated to NM HMIS Governing Committee through the NMCEH Executive Director via phone, email or mail. The NM HMIS Governing Committee shall have final decision-making authority in all matters regarding the NM HMIS.

B. Agency and User Participation

B.1. Access to Core Database

Policy: The NM HMIS ServicePoint database must not be accessed from any location outside an Authorized Agency. Under no circumstances will a user log on to NM HMIS from a home or public computer.

Procedure: To prevent unauthorized access and to protect client privacy and confidentiality, users are required to access the NM HMIS ServicePoint application only through a computer or network physically located within the Authorized Agency that user is associated with. Accessing NM HMIS from any other location is cause for user suspension or termination, and repeated violations within an agency is cause for agency termination.

B.2. NM HMIS Agency Data Sharing Agreements and User Licenses

Policy: Any agency that serves the homeless or funds homeless programs/services in New Mexico may participate in the NM HMIS. To be authorized to participate, an agency must:

- complete an Interagency Data Sharing Agreement;
- assign an Agency System Administrator;
- complete and update the required HMIS agency and program(s) HMIS setup profile(s), referred to as HUD Program Descriptor Data Elements;
- send prospective users to HMIS training;
- pay to NMCEH \$50.00 per year in annual license fee per HMIS user at the agency;
- pay to NMCEH \$50.00 per year in annual license fee per ART user at the agency (each participating agency is required to hold an ART license);
- agree to abide by the policies and standard operating procedures outlined in this document.

The New Mexico Interagency Data Sharing Agreement is a contract between the agency and the New Mexico Coalition to End Homelessness regarding compliance with confidentiality, data entry, responsibilities, security, reporting, and other items required for basic HMIS operation and administration. On behalf of their respective agency and its participating HMIS users, the Executive Director (or other empowered officer) must agree to comply with basic data sharing and security standards as reflected in the New Mexico Interagency Data Sharing Agreement. Before agency HMIS accounts may be activated, the Executive Director (or other empowered officer) must sign, date, and return the original signature copy to:

New Mexico Coalition to End Homelessness
Attn: HMIS Project Manager
P.O. Box 865
Santa Fe, NM 87504

Phone: (505) 982-9000

Questions regarding the terms of the New Mexico Interagency Data Sharing Agreement should be directed to the HMIS Project Manager. Only users associated with and approved by Authorized Agencies will be granted licenses to access the NM HMIS system.

Procedure: The NM HMIS shall make the sole determination as to agency and/or user authorization status. An Agency is qualified to participate in HMIS if it currently serves a homeless population in New Mexico. An Agency becomes authorized upon completion and approval of a NM HMIS Interagency Data Sharing Agreement, binding their organization to the NM HMIS Policies and Standard Operating Procedures and all applicable laws and regulations regarding the handling of client data before access is granted, and including attachment of an \$50 annual license fee per proposed user at that agency. Authorized Agencies will determine which of their employees will be NM HMIS users. In order to obtain a user license, a user must successfully complete NM HMIS Training, including passing a post-training competency test, and must complete a NM HMIS User Agreement. Sharing of licenses, User IDs or passwords is strictly prohibited and can result in program sanctions. As needed, authorized Agencies may purchase additional User Licenses by contacting the NM HMIS Project Director. The Agency Administrator will assure that all current User Agreements have been filed with the NM HMIS Project Manager, and that a copy is maintained in the employee's personnel file.

B.3. Data Entry Profile Information

Policy: AGENCY/PROGRAM PROFILES: In order to properly relate client data fields in HMIS so that complete and accurate reports can be generated, a profile of each agency and the programs for which it will enter and report client data must be completed in HMIS. This profile is comprised in part of the HUD required Program Descriptor data elements. Due to the criticality of this information and its structure, only NMCEH project staff is authorized to enter or modify HMIS profiles. Agencies are required to notify the NM HMIS whenever there is a change in its descriptive information (e.g., funder, capacity) or reporting requirements in HMIS. CLIENT DATA VISIBILITY: Users will designate client record data visibility information as "CLOSED." No user will open or modify the visibility section of a client record. Violation is cause for suspension of user license.

Procedures:

AGENCY/PROGRAM PROFILES: NMCEH HMIS staff will coordinate with the Agency Administrator to complete Agency and Program(s) HMIS profiles. Upon agreement by both parties that the draft profile is current, accurate, and complete, HMIS staff will enter the profile information in HMIS thereby establishing that agency and program(s) account. Only NMCEH HMIS staff is authorized to create, revise, or submit Agency and Program profiles in HMIS.

CLIENT DATA VISIBILITY: Bowman Systems ServicePoint design allows users to modify whether information in client records is "open," "closed," or "read-only" to users from other Agencies. It is a violation of these Standard Operating Procedures to open a client record to visibility to other agencies unless a written agreement and specific protocol has been established between

the agencies and approved by NM HMIS. Generally data sharing will be set up at the agency level and should not require modification to security settings for individual client records. The NM HMIS Data Quality Coordinator will report any OPEN profiles and will immediately require the Agency Administrator to close these records. Violation of this policy may lead to personnel action and or action against the Authorized Agency, including but not limited to immediate termination of user and/or agency access.

B.4. System Availability

Policy: NM HMIS in partnership with Bowman Systems LLC will provide a highly available database server and will inform users in advance of any planned interruption in service.

Procedure: NM HMIS system downtime may be experienced for routine maintenance, in the event of a disaster or due to systems failures beyond the control of Bowman Systems or NM HMIS. In the event of disaster or routine planned server downtime, the NM HMIS staff will contact Agency Administrators and inform them of the cause and expected duration of the interruption in service. The NM HMIS Program Manager will log all downtime for purposes of system evaluation. In the event that it is needed, Bowman Systems is required to activate a redundant backup system.

B.5. Authorized Agency Hardware/Software Requirements

Policy: NM HMIS will utilize a database platform that does not require exceptional hardware or system administration by participating agencies.

Procedure: Bowman Systems ServicePoint is web-based software. All that is required to use the database is a computer, a valid username and password, and the ability to connect to the Internet. There is no unusual hardware or additional software installation required. As of March 2011, Bowman recommends the following minimal workstation PC specifications:

- Computer: Windows PC with XP, Vista, or Windows 7 operating system; 4 Gig RAM recommended (2 Gig RAM minimum); dual core processor recommended.
- XGA monitor with 1024 x 768 resolution setting.
- Internet: Broadband connection required (dial-up broadband connection is not recommended) with a minimum 8.0 KB/s connection rate PER USER. Non-standard (e.g., AOL) or dial-up modem connections will not work with NM HMIS.
- Required browser is Firefox 7.1, a widely available open source freeware program, and must be capable of 128-bit encryption. Browser version updates are periodically required to maintain functionality with updates to the HMIS software.
- All costs and administration associated with the internet account reside solely with the user agency.
- Security: A computer-based or network-based firewall must be activated on all workstation PCs used to access NM HMIS. Current virus protection software must be

activated, with a regularly scheduled update process for maintaining current virus definitions and software standards. A screensaver must be activated and set for no greater than a 5 minute delay that requires a password to clear. File encryption is required for all HMIS generated information transmitted via email or as an email attachment.

B.6. Required Training

Policy: The NM HMIS project is responsible for defining training needs and standards, and organizing and providing required training sessions for Authorized Agencies. Individuals who need to enter data in the HMIS software or are assigned to serve as Agency Administrator are required to complete a full day HMIS User Training and to pass a post-test of comprehension and data entry quality before being granted access to the software and “live” database. When new HMIS software functionality is available, or when HUD HMIS data standards are revised, additional trainings regarding the upgrade may be required.

Procedure: NM HMIS will provide user training on a monthly scheduled basis. Day-long sessions will be scheduled alternately in both the northern and southern regions of the State to facilitate availability and access to agencies. Training schedules and locations will be announced by list serve and through the HMIS “news” announcement feature. Special interim trainings may be requested, but will be provided at the discretion of the HMIS Project Manager. NM HMIS will also develop and provide optional “advanced” or “specialized” user trainings on an interim or as-requested basis, and will provide various training options, to the extent possible, based on the needs of HMIS users. All NM HMIS trainings will provide either a User’s Manual or a Powerpoint presentation of the training materials in hardcopy for future reference by trainees, and updated versions of materials will be announced and posted for distribution on the NMCEH website. Data entry workflow checklist aids are available through the NM HMIS ServicePoint “News” tab. A user is considered trained upon having successfully passed a test of training comprehension and data entry quality. Administrators and users who demonstrate repeated problems in complying with NM HMIS policy and procedures or in maintaining data quality standards may be suspended from NM HMIS access and required to attend remedial training at the sole discretion of NM HMIS.

The HMIS User Training will cover several topics related to the HMIS programs operations. Topics will include:

- HMIS Account Policy and Procedures Overview
- Service Point (HMIS) Orientation
- HMIS Policies and Procedures
- Client Privacy and Confidentiality
- Data Entry and Data Quality Management
- Basic report generation
- Account Administration
- Technical Assistance
- Service Point Data Entry and Quality
- Test of Trainee Comprehension and Data Entry Quality

There are several prerequisites for attending HMIS User training:

1. The agency must have signed and returned the New Mexico Interagency Data Sharing Agreement before the individual can attend HMIS User training.
2. The agency must have designated an Agency Administrator.
3. The agency's HMIS profile(s) must be completed.

Upon successful completion of the End User Training, as demonstrated by passing a test of training comprehension and data entry quality, the new user will be provided access to HMIS appropriate to their assigned security level. If a user is identified as failing to meet or maintain basic data quality standards (accuracy and completeness of client record), the user will be notified of the problem(s) and provided technical assistance by HMIS staff. If the problem continues, or new problems with data quality arise, the user account will be locked and the user will be required to attend HMIS training as remediation. HMIS will not schedule special trainings solely to accommodate suspended users.

B.7. NM HMIS Agreement Suspension/Termination and Data Ownership

Policy: A participating agency may terminate its participation in NM HMIS by notifying the Project Director. Likewise, NM HMIS may terminate a participating agency and its users with 30 days notice upon failure to resolve critical compliance issues. NM HMIS may suspend an agency or user from system access with 24 hour notice for critical performance issues.

Procedure: Upon suspension or termination, the agency is not entitled to reimbursement of current user license fees. Upon termination, an agency may request a spreadsheet copy of their NM HMIS data records or purchase special customized export options from Bowman LLC. Upon termination, all agency data previously entered in HMIS must be retained in the system but will be closed to prevent future changes.

C. Data Collection, Quality Assurance and Reporting

C.1. Ethical Data Use

Policy: Data contained in the NM HMIS will only be used to support or report on the delivery of homeless and housing services in New Mexico. Each HMIS User will affirm the principles of ethical data use and client confidentiality contained in the NM HMIS Policies and Standard Operating Procedures Manual and the HMIS User Agreement. Each Authorized Agency must have a written privacy policy that includes policies related to employee misconduct or violation of client confidentiality. All HMIS Users must understand their Agency's privacy and consent policy, and a signed policy statement must become a permanent part of the employee's personnel file.

Procedure: All NM HMIS users will sign an HMIS User Agreement before being provided access to the NM HMIS. Any individual or Authorized Agency misusing, or attempting to misuse HMIS data will be suspended or terminated from access to the database.

C.2 Data Access Computer Requirements

Policy: NM HMIS prohibits users from accessing client data at any level from any home, public, or shared computer outside the Authorized Agency with which the user and user license is associated. Within the agency, workstations used to access NM HMIS should be set up to assure the security, confidentiality, and privacy of all client data. Questions about security of the NM HMIS should be referred to the Project Director.

Procedure: Bowman ServicePoint has password protection, including 45-day automatic reset of password, as well as an automatic time-out feature if the active application has been idle for more than five minutes. Each Authorized Agency shall take appropriate steps to ensure that authorized users only gain access to confidential information on a “need-to-know” basis.

Each Authorized Agency and Agency Administrator is responsible for:

- a) Physical Space. Authorized Agencies must take reasonable steps to insure client confidentiality when licensed users are accessing the NM HMIS. Licensed users are required to conduct data entry in a protected physical space to prevent unauthorized access to the computer monitor while confidential client information is accessible. The monitor should be positioned so that non-authorized persons are unable to view the screen inadvertently, especially when accessing client data through NM HMIS.
- b) As stated in the NM HMIS User Agreement, *UNDER NO CIRCUMSTANCES IS NM HMIS TO BE ACCESSED FROM A WORK STATION LOCATED PHYSICALLY OUTSIDE OF A LICENSED USER AGENCY, INCLUDING ANY HOME OR PUBLIC-ACCESS (e.g., internet café, public library) COMPUTER OR CONNECTION SITE OR SHARED PC.* HMIS must be accessed through a computer either dedicated to HMIS use or limited to access only by authorized HMIS users and administrators. Failure to comply with this requirement can result in user and/or agency account termination.
- c) Time-Out Routines: Whenever a user is out of direct line of sight of their active HMIS workstation, the user is required to log out of HMIS until such time as they physically return to the workstation.
- d) A computer-based or network-based firewall must be activated on all workstation PCs used to access NM HMIS. Current virus protection software must be activated, with a regularly scheduled update process for maintaining current virus definitions and software standards. A screensaver must be activated and set for no greater than a 5 minute delay that requires a password to clear. File encryption is required for all HMIS generated identifying information transmitted via email or as an email attachment.
- e) If the HMIS is accessed over a network, the network must be protected by a hardware or software firewall at the server. A stand-alone machine that accesses HMIS must also have a hardware or software firewall installed and active. This may be the firewall protection included as part of the operating system or the virus protection software installed on the computer.

- f) File encryption and decryption capability if the agency is to transmit identifying data to any other party through online resources.

C.3. Required Data Collection

Policy: Providers funded by HUD through the Continuum of Care (CoC) HOPWA, or ESG programs are required to participate in HMIS by HUD (likewise other federal agencies may mandate HMIS participation by their funded programs). Providers may also be funded through MFA or CABQ with similar data collection and reporting requirements. This includes the collection of the program-specific and client-specific universal data elements as defined by HUD for all clients served through HUD funding (Homeless Management Information System Data Standards, Revised Notice: March 2010, U.S. Department of Housing and Urban Development, Office of Community Planning and Development). All Authorized Agencies that participate in HMIS are considered “Covered Homeless Organizations” (CHO) and are required to comply with HUD’s HMIS Data and Technical Standards unless those standards are in conflict with other federal or local laws. Authorized agencies are responsible for knowing and meeting their own contract and/or grant requirements and schedules; NM HMIS does not track this information. Domestic Violence Shelters (per the Violence Against Women Act of 1994 (VAWA): Public Law 103-322, reauthorized December 2005) and Legal Aid Services are exempted from entering client data in HMIS, but are required to utilize a “comparable database” that segregates data separately from HMIS. NM HMIS is currently working with the NM Coalition Against Domestic Violence to develop such a comparable database solution. DV agencies meanwhile must continue to utilize hardcopy files and alternative methods of tracking and aggregating client data to meet reporting requirements.

Procedure: Data must be collected separately for and specific to each family member in a household, including all children and household members, rather than collecting data for the family as a whole or only for the Head of Household. Likewise, all program enrollment and funded service provision detail must be included in each client record. If a client refuses or is unable to provide basic information, providers shall, at a minimum, enter each client as an Anonymous Entry into the NM HMIS. Authorized Agencies may choose to collect more client information for their own case management and planning purposes.

C.4. Non-Duplication of Records and Inter-Agency Data Sharing

Policy: NM HMIS will establish agency and program profiles such that client information may be shared among users of that agency. For purposes of de-duplication, NM HMIS requires that all agencies/programs share client demographic information (First and Last Name, DOB, SSN, race/ethnicity, gender) sufficient to determine if an individual currently exists within the database archive. NM HMIS will also establish customized levels of service data sharing between agencies as needed upon their mutual request and agreement, and upon approving policy and procedure for their shared use .

Procedure: Prior to entering a new client or service record in NM HMIS, users are required to perform a client record search to determine if the client has an existing record in the system. To prevent client duplication in HMIS, if a client record search indicates that the client has an existing record in NM HMIS, the user will maintain the existing client ID reference number. NM HMIS will conduct regular and ongoing full system reviews to identify any possible instances of client duplication or record duplication in HMIS. If a suspected duplicate is identified, the Data Quality Coordinator will contact the agencies involved to assist them to confirm if duplication has actually occurred, and to align any identified duplicates (including removal of redundant records). In case of duplication, data entry correction will be primarily the charge of the agency/user that created the duplication.

C.5. Extracted Data

Policy: NM HMIS users will maintain the security of any and all client data extracted from the database and stored locally, including all data used in custom reporting. NM HMIS users will not electronically transmit any unencrypted client data across a public network or the internet. Unencrypted data may not be sent via email attachment. HMIS users should apply the same standards of security for local files containing client data as within the HMIS database itself. NM HMIS will only publicly report aggregate and/or de-identified data, unless acting in response to a duly issued court order or subpoena, or to supply HUD required client lists for program audit purposes.

Procedure: Data extracted from the database and stored locally will be stored in a secure location (not on floppy disks/CDs or other temporary storage mechanisms like flash drives or on unprotected laptop computers, for example) and identifying information will not be transmitted outside of the private local area network unless it is properly protected via encryption or by adding a file-level password. The NM HMIS staff can provide help in determining the appropriate handling of electronic files. All security questions will be addressed to the NM HMIS Project Director. Breach of this security policy will be considered a violation of the user agreement, which may result in user suspension or account termination. Public data reports and presentations derived from NM HMIS must be aggregated and de-identified.

C.6. Client Rights and Confidentiality of Records

Policy: Clients have the right of refusal to provide personal identifying information to the HMIS, except in cases where such information is required to determine program eligibility or is otherwise required by the program's funders. For the purposes of NM HMIS, identifying information unique to an individual that may be used uniquely or in combination to identify a specific person comprises the following data fields: first and last name, date of birth, address, and social security number. Such refusal or inability to produce the information shall not be a reason to deny eligibility or services to a client. When a client exercises his/her right of refusal, de-identified demographic (anonymous) information should still be collected and entered into the HMIS. The NM HMIS System allows each Authorized Agency to determine whether it operates under a protocol of *implied consent* or *informed consent* to include personally

identifying client data in the HMIS. Depending on the Authorized Agency protocol, minimal standards must be met. An Authorized Agency must adopt one protocol and apply it universally to all clients whose data is entered, stored, or reported through NM HMIS. Refusal to allow personal identifying information in NM HMIS does not preclude the responsibility to collect and report required client information and to maintain records in the agency's client hardcopy file. At any time, clients may request that their personally-identifying information be removed from the NM HMIS. Any client may request to view, or obtain a printed copy of, his or her own records contained in the NM HMIS. The client will also have access to a logged audit trail of changes to those records. No client shall have access to another client's records in the NM HMIS. Participating agencies may require their NM HMIS users to sign a confidentiality agreement binding them to additional or more stringent privacy standards and policies (e.g., HIPAA).

Procedure: Each Authorized Agency is required to post a notice about their privacy policy in a place where clients may easily view it (e.g., at the point of intake, on a clipboard for outreach providers, in a case management office). The privacy posting must specifically include a statement about the uses and disclosures of client data in NM HMIS. Each workstation, desk, or area that is involved with HMIS data collection must visibly post the Privacy Policy Notice in the immediate vicinity. If an agency serves Spanish-speaking clients, the agency should attempt to provide a translated Spanish version of the Privacy Policy Notice. If an agency has a website, the Privacy Policy Notice must be posted on that website.

- *Implied Consent:* Written authorization for inclusion of a client's personally identifying data in HMIS is not required, but is inferred when a client accepts the services offered by the program and when the privacy posting is displayed for client review. NM HMIS requires that agencies document that all adult clients (and head of household for families with children) have been referred to the posted privacy rights notice and have understood it.
- *Informed Consent:* Written authorization for inclusion of a client's personally identifying data in HMIS is required, specifically stating that the client has been provided their NM HMIS data privacy rights, understands them, and has either provided or restricted use of the data in NM HMIS.

Upon the client's request for data removal or change from the NM HMIS, the Agency Administrator will delete all personal identifiers of client data within 72 hours. A record of these transactions will be kept by the Agency Administrator. The agency should follow applicable law regarding whether to change information based on the client's request. A log of all such requests and their outcomes should be kept on file in the client's record. Agencies cannot deny services to an individual solely on the basis of the individual deciding not to participate in HMIS.

C.7. Client Grievance

Policy: Clients must contact the Authorized Agency with which they have a grievance for resolution of HMIS problems. Authorized Agencies will report all HMIS-related client grievances

to the NM HMIS Project Director. If the Authorized Agency's grievance process has been followed without resolution, the Authorized Agency may elevate the grievance to the NM HMIS Governing Committee as outlined in Section A.9. No detrimental action or punishment will be taken against a client if they choose to file a grievance.

Procedure: Each Authorized Agency is responsible for answering questions, complaints, and issues from their own clients regarding the NM HMIS. Authorized Agencies will provide a copy of their privacy policy and/or of the NM HMIS Policies and Standard Operating Procedures Manual upon client request. Client complaints should be handled in accordance with the Authorized Agency's internal grievance procedure, and then escalated to the NM HMIS Project Director in writing if no internal resolution is reached. NM HMIS is responsible for the overall use of the HMIS, and will respond if users or Authorized Agencies fail to follow the terms of the HMIS agency agreements, breach client confidentiality, or misuse client data. Authorized Agencies are obligated to report all HMIS-related client problems and complaints to the NM HMIS Project Director, which will determine the need for further action and respond accordingly within 30 calendar days. Resulting actions might include further investigation of incidents, clarification or review of policies, or sanctioning of users and Agencies if users or Agencies are found to have violated standards set forth in HMIS Agency Data Sharing Agreements or the Policies and Standard Operating Procedures Manual.

C.8. Data Quality Assurance

Policy: NM HMIS Authorized Agencies and their Users are responsible for the accuracy of their data entry. Authorized Agency leadership will be responsible for ensuring that data entry by users is being conducted in a timely manner and will also ensure the accuracy of the data entered. Users or agencies that do not maintain basic HMIS data quality standards as set by HUD may be suspended from NM HMIS until a remediation plan has been established.

Procedure: Intake staff at participating HMIS agencies must assure that all required information is collected accurately and completely from clients and maintained in their hardcopy files. HMIS users must assure that data is entered into HMIS accurately and completely. Agency Administrators are responsible for monitoring and assuring the quality of data for their own program(s). In order to test the integrity of the data contained in the NM HMIS, the NM Data Quality Coordinator will perform regular data integrity checks, including draft Annual Performance Reports (APR). Comprehensive and detailed data quality memos will be provided on a semi-annual basis for all participating programs to identify data quality issues that affect program reporting or basic data integrity. Data quality memos may also be requested by participating agencies as needed from the Project Director. Any patterns of error will be reported to the Agency Administrator. When patterns of error have been discovered, users will be required to make corrections and/or attend remedial training, and will be monitored for compliance. NM HMIS staff is available upon a work order request to assist Agency Administrators to run data quality reports that identify specific data records with data quality issues, as well as to recommend best fixes and remedial strategies.

C.9. Data Timeliness Guideline

Policy: NM HMIS has adopted these guidelines in preparation toward a sustainable data timeliness standard. In order to minimize duplication of services and use of funds, facilitate coordinated assessment and referral, and to promote consistency and constancy of the information managed, NM HMIS recommends that changes or updates to a client record, including but not limited to changes in program enrollment and instances of service provision, household composition, income and benefits, and any other required data element, be entered in the database within five working days. Identified duplicate records should be managed by the agency responsible for the duplicated record within three working days of notification by NM HMIS.

Procedure: At this time NM HMIS does not monitor for data timeliness, although performance summary is provided in the context of data quality memos. However, client records with missing time-sensitive elements (e.g., client exit, service entry/exit) that spuriously affect reported indicators such as client length of stay or that result in apparent instances of “double dipping” will be required to immediately remedy the missing information. NM HMIS may be required by specific funding sources to report instances of apparent client duplication of services, and agencies so involved will need to resolve as required by the funder, including but not limited to financial reimbursement.

C.10. Public Data Retrieval and Support

Policy: NM HMIS will entertain all requests for data from entities other than Authorized Agencies or clients. No individual client data will be provided to any group or individual that is neither the Authorized Agency that entered the data or the client her- or himself. NM HMIS will only publish aggregate reports to the public. Authorized Agency Administrators are trained to create custom reports on their agency data. De-identified data sets may be provided to public entities, including HMIS funders, based on specific requests and for specific purposes.

Procedure: In order to advance planning and advocacy efforts appropriately, NM HMIS is charged to analyze and report supporting information on homelessness and housing in New Mexico. All requests for data from anyone other than an Authorized Agency or a client will be directed to the NM HMIS Project Director for approval. No individually identifiable client data will be reported in any of these documents. Authorized Agency Administrators will be trained in the use of reporting tools, and the NM HMIS will provide advanced training on basic data and statistical analysis, as well as a “tool box” of query and templates for reports for use by Agency Administrators.

Definitions

Some of the terms used in this Policies and Standard Operating Procedures Manual may be new to many users.

Agency: Shall mean any organization that provides outreach, shelter, housing, employment and/or social services to homeless people. An agency operates through Program(s) that target specific groups or needs and administer and provide various types of direct service(s).

Agency Administrator: The person responsible for system administration at the agency level. This person is local organizational contact for NM HMIS administration, provides basic first-level assistance to users in their agency, and tracks user accounts and licenses at their agency.

Authorized Agency: Any agency, organization or group who has an HMIS Interagency Data Sharing Agreement and/or User Agreement with NM HMIS, and an active account to access the NM HMIS database.

Client: Any recipient of services provided by an Authorized Agency.

Client-level Data: Data collected or maintained about a specific person.

Continuum of Care (CoC): The State of New Mexico is organized into two Continuums of Care (CoC). Each CoC is responsible for working with the homeless service providers in their geographic area to develop capacity and policy for the delivery of housing and services to homeless families, individuals, youth, and persons with disabilities. The two CoCs in New Mexico are:

- City of Albuquerque (COA) – Homeless Service Providers within the city limits of Albuquerque; HUD CODE NM-500
- Balance of State (BOS) – homeless service providers throughout the remainder of New Mexico; HUD CODE NM 501

Database: An electronic system for organizing data so it can easily be searched and retrieved; usually organized by fields and records.

De-identified Data: Data that has been stripped of personally identifying information.

De-Duplication: Data that has been filtered to remove redundant and duplicative client information records.

Encryption: Translation of data from plain text to a coded format. Only those with the “key” have the ability to correctly read the data. Encryption is used to protect data as it moves over the internet and at the database level through the use of special software.

Firewall: A method of controlling access to a private network, to provide security of data. Firewalls can use software, hardware, or a combination of both to control access.

HMIS: Homeless Management Information System. This is a generic term for any system used to manage data about homelessness and housing.

HUD HMIS Data and Technical Standards (the Standards): The March, 2010 revision of the Homeless Management Information Systems (HMIS) Data and Technical Standards Final Notice (69 FR 146, July 30, 2004) that adds a new set of Program Description Data Elements, and

revises the Data Standards for Universal Data Elements and Program-Specific Data Elements as published in the July 30, 2004 Federal Register, Vol. 69, No. 146, pp. 45888 through 45934. All other sections of the 2004 notice remain in effect at this time. HUD is currently finalizing the proposed 2013 HMIS Data Standards (Notice CPD-13-017) to revise the Revised Notice of March 2010. The Notice includes changes in data elements necessary to support data collection and reporting for projects funded under Title IV of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360 *et seq.*) (McKinney-Vento Act), as amended by the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009.

Identifying Information: Information that is unique to an individual and that may be used uniquely or in combination to identify a specific person: first and last name, date of birth, address, and social security number.

User: An individual who uses a particular software package; in the case of the NM HMIS, the *Bowman ServicePoint* database software.

User License: An agreement with a software company that allows an individual to use the product. In the case of ServicePoint, user licenses are agreements between NMCEH and Bowman Systems LLC that govern individual connections to the NM HMIS. User licenses cannot be shared.

Summary of NM HMIS Standard Operating Procedures (SOP) For Users	
NM HMIS SOP	Section Reference
User Agreements and Training Requirements: All prospective users must sign and submit a license agreement, and successfully complete HMIS training, before being provided access to the NM HMIS.	<ul style="list-style-type: none"> • A.5. User Access Security Levels and Account Management • B.1. Access to Core Database • B.2. NM HMIS Agency Data Sharing Agreements and User Licenses • B.6. Required Training
Agency Administrator: All agencies utilizing NM HMIS must assign a staff person to serve as the Agency Administrator for NM HMIS.	<ul style="list-style-type: none"> • A.4. Agency Administrators
Communication and HelpDesk Work Requests: Users are responsible for communicating any and all problems or concerns about the NM HMIS through his/her Agency Administrator. NM HMIS will maintain a HelpDesk function with regularly scheduled hours, but reserves the right to prioritize requests depending on workload, time sensitivity, and complexity. In such cases, the NM HMIS Program Manager will attempt to respond to Authorized Agency needs within three business days of the first contact with an estimated completion time.	<ul style="list-style-type: none"> • A.6. NM HMIS Communication with Authorized Agencies • A.7. NM HMIS HelpDesk and Technical Assistance
Data Sharing: Agencies utilizing NM HMIS are required to share client demographic information in order to perform a required client search prior to record creation in NM HMIS in order to minimize client duplication in the system. Other levels of data sharing may be customized between agencies upon agreement and request.	<ul style="list-style-type: none"> • B.2. NM HMIS Agency Data Sharing Agreements and User Licenses • C.3. Required Data Collection • C.4. Inter-Agency Data Sharing
Client Rights, Consent, and Ethical Use of Data: Each agency and user must abide by the terms of their respective agency privacy policy, the NM HMIS SOPs and the Terms and Conditions of Bowman Systems ServicePoint. Agencies must establish either an informed or implied consent process. Clients may refuse to allow identifying information to be entered into NM HMIS and may not be penalized or refused services for this reason.	<ul style="list-style-type: none"> • C.1. Ethical Data Use • C.6. Client Rights and Confidentiality of Records
Data Removal, Review and Grievances: A consumer may request to see their HMIS data or may request that personally identifying information be removed from the HMIS.	<ul style="list-style-type: none"> • C.6. Client Rights and Confidentiality of Records • C.7. Client Grievance
Security and User Access: Each user is provided with a unique user name and password. Passwords must be	<ul style="list-style-type: none"> • A.5. User Access Security Levels and Account Management

reset every 45 days.	<ul style="list-style-type: none"> • B.7. NM HMIS Agreement Suspension/Termination and Data Ownership
Security and Data Retrieval: Agencies must adhere to all the NM HMIS SOP provisions regarding protection of client data that is retrieved from the HMIS or transmitted to any other source by electronic medium..	<ul style="list-style-type: none"> • C.2 Data Access Computer Requirements • C.4. Inter-Agency Data Sharing • C.5. Extracted Data • C.10. Public Data Retrieval and Support
Data Collection and Data Quality: Each agency/program is required to collect a series of data elements depending on the type of program it operates. NM HMIS Authorized Agencies and their Users are responsible for the accuracy of their data entry. Authorized Agency leadership will be responsible for ensuring that data entry by users is being conducted in a timely manner and will also ensure the accuracy of the data entered.	<ul style="list-style-type: none"> • C.3. Required Data Collection • C.8. Data Quality Assurance • C.9. Data Timeliness

HUD Universal Data Elements: SUMMARY

Revised March 2010

Exhibit 1-1: Summary of Program Descriptor Data Elements				
Data Standards	Program Applicability	When collected		
		Assigned once	Assigned once; reviewed annually	At least annually or more frequently if inventory or coverage changes
1 Organization Identifier	All CoC Programs	X		
2 Organization Name	All CoC Programs		X	
3 Program Identifier	All CoC Programs	X		
4 Program Name	All CoC Programs		X	
5 Direct Service Code	All CoC Programs	X		
6 Site Information	All CoC Programs		X	
7 Continuum of Care Number	All CoC Programs		X	
8 Program Type Code	All CoC Programs		X	
9 Bed and Unit Inventory Information	Residential CoC Programs Only			X
10 Target Population A (Optional for all programs)	All CoC Programs		X	
11 Target Population B	Residential CoC Programs Only		X	
12 Method for Tracking Residential Program Occupancy	Residential CoC Programs Only		X	
13 Grantee Identifier	HPRP Programs Only		X	

Exhibit 1-2: Summary of Universal Data Elements							
Data Standards	Program Applicability	Subjects			When Collected		
		All Clients	All Adults	All Adults & Unaccompanied Youth	Initial Program Entry Only	Every Program Entry	Every Program Exit
1 Name ¹	All CoC Programs	X			X		
2 Social Security Number ¹	All CoC Programs	X			X		
3 Date of Birth ¹	All CoC Programs	X			X		
4 Race ¹	All CoC Programs	X			X		
5 Ethnicity ¹	All CoC Programs	X			X		
6 Gender ¹	All CoC Programs	X			X		
7 Veteran Status	All CoC Programs		X			X	
8 Disabling Condition	All CoC Programs	X				X	
9 Residence Prior to Program Entry	All CoC Programs			X		X	
10 Zip Code of Last Permanent Address	All CoC Programs			X		X	
11 Housing Status	All CoC Programs	X				X	X (optional for Emergency Shelters)
12 Program Entry Date	All CoC Programs	X				X	
13 Program Exit Date	All CoC Programs	X					X
14 Personal Identification Number	All CoC Programs	X			X		
15 Household Identification Number	All CoC Programs	X				X	

¹ Note that one or more of these personal identifiers may need to be asked on subsequent visits to find and retrieve the client's record. However, this information only needs to be recorded in HMIS on an initial program entry.

Exhibit 1-3: Summary of Program-Specific Data Elements								
Data Standards	Program Applicability	Subjects	When Collected					
			During Client Assessment Near Entry	At Least Once Every Three Months During Program Enrollment ²	At Least Once Annually During Program Enrollment ³	Every Exit	Every Contact	Each Instance of Financial Assistance
1 Income and Sources	CoC/HUD Competitive Programs ¹ HPRP Programs HOPWA Homeless Programs	All Clients	X		X	X		
2 Non-Cash Benefits	CoC/HUD Competitive Programs HPRP Programs HOPWA Homeless Programs	All Clients	X		X	X		
3 Physical Disability	CoC/HUD Competitive Programs HOPWA Homeless Programs	All Clients	X		X	X		
4 Developmental Disability	CoC/HUD Competitive Programs HOPWA Homeless Programs	All Clients	X		X	X		
5 Chronic Health Condition	CoC/HUD Competitive Programs HOPWA Homeless Programs	All Clients	X		X	X		
6 HIV/AIDS	CoC/HUD Competitive Programs HOPWA Homeless Programs	All Clients	X		X	X		
7 Mental Health	CoC/HUD Competitive Programs HOPWA Homeless Programs	All Clients	X		X	X		
8 Substance Abuse	CoC/HUD Competitive Programs HOPWA Homeless Programs	All Clients	X		X	X		
9 Domestic Violence	CoC/HUD Competitive Programs HOPWA Homeless Programs	Adults and Unaccompanied Youth	X					
10 Destination	CoC/HUD Competitive Programs ¹	All Clients				X		
	HPRP Programs HOPWA Homeless Programs							
11 Date of Contact	CoC/HUD Street Outreach Programs	All Clients					X	
12 Date of Engagement	CoC/HUD Street Outreach Programs	All Clients	X					
13 Financial Assistance Provided	HPRP Programs	All Clients		X				X
14 Housing Relocation and Stabilization Services Provided	HPRP Programs	All Clients		X		X		
¹ CoC/HUD Competitive Programs include the Supportive Housing Program (SHP), Shelter Plus Care, and the Section 8 Moderate Rehabilitation for Single Room Occupancy Dwellings (SRO) Program. ² Only collected at least once every three months if the period between program entry and exit exceeds three months. ³ Only collected at least once annually if the period between program entry and exit exceeds one year.								

Exhibit 1-4: Additional Program-Specific Data Elements: Optional Data Elements										
Data Standards	Program Applicability	Subjects					When Collected			
	Optional for All CoC Programs	All Clients	All Clients or All Adults and Unaccompanied Youth	All Females of Child-bearing Age	All Veterans	All Children	Every Entry	At Least Once Annually during Program Enrollment ¹	When Services Provided	Every Exit
15A Employment	X		X				X	X		X
15B Education	X		X				X	X		X
15C General Health Status	X		X				X	X		X
15D Pregnancy Status	X			X			X			
15E Veteran's Information	X				X		X			
15F Children's Education	X					X	X	X		X
15G Reasons for Leaving	X	X								X
15H Services Provided	X								X	
¹ Only collected at least once annually if the period between program entry and exit exceeds one year.										



New Mexico Coalition to
End Homelessness

Agency HMIS Setup Form

(Add additional sheets as needed)

Agency	Name:

Physical Address: _____	
Mailing _____	Address: _____
Phone: _____ Fax: _____	Agency Email: _____ Website: _____

Primary Contact	
Name: _____	Title: _____
Phone: _____	Email: _____
Secondary Contact	
Name: _____	Title: _____
Phone: _____	Email: _____

Operational Information

Hours _____	of _____	operation: _____
Languages _____	Spoken: _____	
Volunteer _____	Opportunities: _____	
Which of the following does your agency have? (Pick all that apply)		
<input type="checkbox"/> Handicap Access <input type="checkbox"/> Brochures <input type="checkbox"/> Printed Directory		
Would you like your operational information to be provided to the public? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Technical Agency Information

Federal Employer ID Number: _____	DUNS Number: _____
Legal Status (Non-Profit, Religious...): _____ Year of Incorporation: _____	
Agencies in HMIS whose client program enrollment data you wish to be able to view for clients that you serve _____ in _____ common _____ (Please List): _____	

Which of the following outcomes tracking modules would you like to include? (Pick all that apply)

- ☒ Shelter/Housing ☒ Income ☐ Employment ☐ Mental Health ☐ Substance Abuse ☐ Life Skills
☐ Disabilities ☐ Food/Nutrition ☐ Safety ☐ Legal ☐ Credit ☐ Health Care Coverage ☐ Mobility
☐ Adult Education ☐ Children's Education ☐ Child Care ☐ Parenting Skills ☐ Family Relations
☐ Community Involvement

Programs Administered by your Agency

(Add additional sheets as needed)

Technical Program Information

Grant Number: _____ **Program Name:** _____

What is the funding source for this program? (Pick one)

- ☐ HUD ☐ City of ABQ ☐ MFA ☐ Other (Please Specify) _____

Which New Mexico continuum of care is this program under? (Pick one)

- ☐ ABQ (NM500) ☐ Balance of State (NM501)

What reports are you required to produce for this program (Pick all that apply; please be complete.)

- ☐ APR ☐ AHAR ☐ HIC ☐ PIT ☐ Others (Please List) _____

Program Type (Pick one)

- ☐ Emergency Shelter ☐ Transitional Housing ☐ Permanent Supportive Housing
☐ Permanent Housing ☐ Other: _____ ☐ Services Only (Fill out capacity question below)

Services Only Program Capacity:

Households with Children _____ Households without Children _____ Households with only Children _____

Program Site Configuration Type (Pick one)

- ☐ Single Site Single Building ☐ Single Site Multiple Buildings ☐ Multiple Site ☐ N/A

Site Type (Pick one)

- ☐ Residential ☐ Residential-Special Needs Only ☐ Non-Residential

Housing Type (Pick One)

- ☐ Mass Shelter/Barracks ☐ Dormitory Hotel/Motel ☐ Shared Housing ☐ SRO ☐ Single Apartment
☐ Home/Townhouse/Duplex ☐ Non Residential ☐ N/A

Program Eligibility Information

Program Eligibility Requirements: _____

Does this program serve any clients who are NOT homeless? ☐ Yes ☐ No

Program Intake Procedure: _____ Program Fees (If any): _____

Shelter Requirements (If applicable): _____

Cities and Counties Served by this program (Please List): _____

Target Populations (Pick all that apply)* ☐ SM ☐ SF ☐ SMHC ☐ SFHC ☐ MFHC ☐ YM ☐ YF

Secondary Target Population (Pick One): ☐ N/A ☐ DV ☐ Veterans ☐ HIV/AIDS

*SM-Single Males SF-Single Females SMHC-Single Males with children SFHC-Single Females with children
MFHC-Male and Female adults with children YM-Unaccompanied Males under 18 YF-Unaccompanied Females under 18

Services provided through this program (Please be complete)

1. _____	2. _____
3. _____	4. _____
5. _____	6. _____
7. _____	8. _____

Residential Units in this program*

Number of Units for Households with children _____
Number of Units for Households without children _____

Year Round Beds in this program**

Number of Beds for Households with children _____
Number of Beds for Households without children _____
Number of Beds for chronically homeless*** _____

Seasonal/Overflow/Voucher Beds in this program

Number of Seasonal Beds _____	Start Date __/__/__ End Date __/__/__
Number of Overflow Beds _____	Start Date __/__/__ End Date __/__/__
Number of Voucher based Beds _____	

**Definition of a unit: A self contained area with its own separate entrance intended or used for residence.*

***Definition of a year-round bed: A permanently sited space strictly dedicated to accommodate the residential needs of one individual. A unit may contain more than one bed. (Overflow or winter-only beds are counted separately below.)*

****Chronically homeless person: An unaccompanied homeless individual (age 18 or older) with a disabling condition who has either been continuously homeless for a year or more OR has had a least four episodes of homelessness in the past three years.*



New Mexico Coalition to
End Homelessness

New Mexico Homeless Management Information System Agency Participation and Interagency Data Sharing Agreement

Agency: _____

The New Mexico Coalition to End Homelessness ("NMCEH"), the New Mexico Mortgage Finance Authority ("MFA") and the City of Albuquerque ("City") jointly administer the State of New Mexico Homeless Management Information System ("HMIS"). Agencies throughout the state ("Agencies") are required to use the HMIS to report information to MFA, the City, and to the U.S. Department of Housing and Urban Development ("HUD"), unless prohibited from doing so by VAWA. Other Agencies may participate voluntarily. In order to provide accurate and unduplicated data to HUD, HMIS captures information about people at risk of homelessness or experiencing homelessness ("Clients") and allows participating programs to share certain information electronically about those Clients. Minimally, the required data for all participating entities consists of the most current definition of HUD universal data elements, but can include additional data collection and reporting elements per the requirements of agency-specific contract or grant agreements. Agencies are responsible for maintaining the accuracy, completeness, and timeliness of data entered in HMIS necessary to meet their grant or contract requirements.

NMCEH is the Project Management Agency for HMIS. The Lead Contact Person for HMIS is:

Mark Z. Oldknow, HMIS Project Director
New Mexico Coalition to End Homelessness
P.O. Box 865
Santa Fe, NM 87504
Phone: (505) 982-9000
Email: Mark-O@nmceh.org

All Agencies are required to inform clients that some of their information will be shared and are required to have all clients sign acknowledgement that they have been informed. Agencies may further elect to obtain specific written consent as to any of the client's identifying information that will be entered into HMIS. Hardcopy of the acknowledgement and/or consent must be maintained in the client file at the agency.

All Agencies must agree to follow the New Mexico HMIS Policies and Procedures and must further agree to adhere to the standards listed in this Agency Agreement ("Agreement"). Furthermore, all Users of HMIS ("Users") must enter into the NM HMIS User Agreement ("User Agreement") and abide by the User Agreement. By establishing this Agreement, all Agencies agree to the following as they pertain to HMIS:

1. In order to assure that data-sharing can serve to identify and minimize potential redundant access to services (i.e., "double dipping"), all new client data, or changes to client data, including all Universal Data Elements and program and service enrollment detail, must meet a data timeliness standard and be entered in HMIS within 3 business days.
2. Only the information specified in the New Mexico HMIS Policies and Procedures will be shared between Agencies.

3. Information that is shared will not be used to harm any Client or their relatives. Denial of services based on regulatory eligibility requirements (e.g., double-dipping) shall not constitute harm.

4. All identifying information and all information related to a Client's healthcare, substance abuse needs and services and family violence protection will be safeguarded and kept confidential according to the laws governing the protection of such information.

5. As required for all HMIS records, users will conduct a client duplication search in HMIS to determine whether a prospective client already exists within the system. If a prospective client is identified as currently existing in the system, the user will determine whether the client is currently/actively enrolled in a homeless services program included in this data sharing agreement. If the prospective client is currently enrolled with another agency as indicated in HMIS, the user will immediately contact that agency to confirm whether the client is receiving services which are redundant with those they are seeking from the user's agency. No agency or program will provide services to any client if it is established that the client is currently receiving the same or like services elsewhere.

6. A user will never alter in any way an existing record made by another agency or program without first consulting with the originating agency of that program to confirm accuracy and agreement of the proposed change. This includes entering any intake or discharge assessment data that conflicts with existing data for a current/active program enrollment made by another agency. Upon agreement, the originating agency of the data in question will make the identified change to the client HMIS record. Any user violating this provision on multiple occasions will be suspended from HMIS access and participation.

7. A violation of this Agreement by the staff Users of any Agency will result in direct disciplinary action by the Agency.

8. Identifying information will be deleted from the HMIS upon Client written request.

9. Clients have the right to request a document containing information on their universal and program specific data of his/her HMIS record.

10. The Agency will provide the original signed User Agreements to the NMCEH and is further responsible for immediately notifying NMCEH of any and all staffing changes in its organization. The Agency identifies the following individual as the HMIS Contact Person and Agency System Administrator:

Name: _____
Title: _____
Agency: _____
Mailing address: _____
City: _____ State: NM Zip: _____

11. The Agency will maintain sole ownership of all data that it reports to HMIS and is responsible for maintaining and communicating up-to-date information regarding all of its current users of the HMIS.

All Agencies are establishing this Agreement so that they will have the ability to enter and share certain Client information electronically using HMIS. This Agreement does not pertain to information that is not entered into HMIS.

As authorized representative of the Agency listed below, I am authorizing NMCEH to allow my Agency access to HMIS, and I further agree to follow all of the above policies and minimally to share basic client information from my Agency with other HMIS-participating Agencies as needed to prevent client duplication in HMIS.

and Title of Agency's Authorized Representative **Printed Name**

Agency Name

Signature

____/____/____
Date

HMIS Visibility Groups (Data Sharing Pools) covered under this Agreement:

1. Client Profile & Demographics Shared By: All Agencies in HMIS



New Mexico Coalition to
End Homelessness

New Mexico Homeless Management Information System User Agreement

Agency: _____

This User Agreement is being made between the New Mexico Coalition to End Homelessness ("NMCEH") the Agency above, and _____ (Staff Name). By signing this User Agreement, I am acknowledging the following:

General

- 1) I understand that I will have access to the State of New Mexico HMIS and that HMIS contains sensitive, personal and private information about Clients who participate in HMIS and that this information is protected by law.
- 2) I understand and agree to adhere to the New Mexico HMIS Policies and Procedures.

Information & Database Access

- 3) I understand that I will only access the data that is part of HMIS through authorized access granted by my agency's System Administrator. I will not attempt to gain access to areas of HMIS or other systems for which I have not been granted authority to access.
- 4) I understand that I will have a User name and password, and I will not allow any other person(s) to have access to HMIS by using my User name and password, and I will not share this User name and password with any other staff or other persons.
- 5) I understand that I will only access HMIS from a location that has been approved by my Agency's System Administrator in accordance with the New Mexico HMIS Policies and Procedures; I will not access HMIS from home or any public computer.
- 6) As a staff member with a participating Agency, I am obligated to hold all information that I learn about the Clients in HMIS as confidential.

Dissemination of Data

- 7) I understand that only my Agency Administrator has authority to disseminate data from HMIS, and that any unauthorized copying or unauthorized dissemination of all or a portion of the data contained in HMIS is punishable by termination of employment; and may result in severe civil and criminal penalties and will be punishable to the maximum extent possible under the law. I understand that nothing in this section affects the handling of data generated by my agency and within my agency, which is subject solely to my agency's policies and procedures
- 8) I will report to my Agency Administrator any data handling practices of any staff, which appear to fail short of this standard.

End User Ethics

- 9) With regards to information contained in HMIS, I understand that any deliberate action by me that adversely affects the resources of any Client, participating Agency or its employees is prohibited.

By signing this document, I agree to the terms of this User Agreement and I certify that I have read and will adhere to the *New Mexico HMIS Policies and Procedures*.

Staff Name and Title

Signature

/ /
Date

Agency System Administrator Name and Title

Signature

/ /
Date

SAMPLE

NM HMIS Staff Confidentiality Agreement

I understand that **AGENCY NAME** and staff have a legal responsibility to protect client privacy. To do that, it must keep client information confidential and safeguard the privacy of client information. In addition, I understand that during the course of my employment or other work with **AGENCY NAME**, I may see or hear other confidential information including operational and financial information, pertaining to the **AGENCY NAME** clients that must be maintained as confidential. Regardless of the capacity in which I work, I understand that I must sign and comply with this agreement in order to be hired or continue to work for **AGENCY NAME**.

By signing this agreement, I understand and agree that:

I will keep client information confidential, and that I will disclose client information only under the conditions described in the NM HMIS SOP Manual. I will not disclose client identifying information without specific written consent the client and agency supervisor. I will keep such information confidential and will only disclose such information if it is required for the performance of my job and after receiving the permission of my supervisor. I will not discuss any client-related information in public areas. I will keep all security codes and passwords used to access NM HMIS confidential at all times. I will only access or view client information for that which is required to do my job. If I have any questions about whether access to certain information is required for me to do my job, I will immediately ask my supervisor. I will not disclose, copy, transmit, inquire, modify, or destroy client information or other confidential information without permission from my supervisor. Upon termination of my job or position, I agree to continue to meet my obligations under this agreement. I understand that violation of this agreement may result in disciplinary action, up to and including termination of my employment, and this may include civil and criminal legal penalties as a result of the HIPAA Privacy Rule issued by the federal government.

Signature: _____ Title: _____

Print Your Name: _____ Date: _____



New Mexico Coalition to
End Homelessness

NMHMIS Program-Specific Intake Form

Please answer all questions. Fill out one form for each family member at program entry.

Program Entry Date: ____/____/____ Exit Date: ____/____/____ Program Name/Grant: _____

GENERAL INFORMATION

First Name: _____ Middle Name: _____

Last Name: _____ Suffix: ____-

Are You the Head of Household? ☐ Yes ☐ No

If No, Name of Head of Household _____ Relationship _____

Alias Name (if applicable): _____

Ever Received Services Under Different Name: ☐ Yes ☐ No ☐ Don't Know ☐ Refused

If Yes, then provide: First Name: _____ Middle Name: _____

Last Name: _____ Suffix: _____

Date of Birth (mm/dd/yyyy): ____/____/____ or: ☐ Full ☐ Approximate or Partial ☐ Don't Know ☐ Refused

Social Security #: ____ - ____ - ____ ☐ Full ☐ Partial ☐ Don't Know/Don't Have ☐ Refused

Gender: ☐ Male ☐ Female ☐ Transgender Male to Female ☐ Transgender Female to Male ☐ Other ☐ Don't Know ☐ Refused

Ethnicity: ☐ Non-Hispanic/Non-Latino ☐ Hispanic/Latino ☐ Don't Know ☐ Refused

Race (choose all that apply):

☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Don't Know ☐ Refused

For Adults (Age 18+) and Unaccompanied Minors

Current Marital Status (choose one):

☐ Married ☐ Domestic Partner ☐ Divorced ☐ Separated ☐ Widowed
☐ Single ☐ Common Law ☐ Don't Know ☐ Refused

For Adults (Age 18+)

Military Background:

Served/Serving U.S. Military (veteran): ☐ Yes ☐ No ☐ Don't Know ☐ Refused

For All Individuals and All Family Members

Disabling Condition:

Do you have a disabling condition ? (to be answered by adults only after program entry, unless disabling condition is a requirement for program entry): ☐ Yes ☐ No ☐ Don't Know ☐ Refused

HOMELESS INTAKE

Are You Homeless? (Housing Status): ☐ Literally Homeless ☐ Housed & at imminent risk of losing housing
☐ Housed and at risk of losing housing ☐ Stably housed ☐ Don't know

☐ Refused

Where Did You Stay Last Night? (choose one):

<input type="checkbox"/> Emergency Shelter, including Hotel or Motel Paid for with an Emergency Shelter Voucher. Migrant Shelter	<input type="checkbox"/> Rental by Client, No Housing Subsidy
<input type="checkbox"/> Foster Care Home or Foster Care Group Home	<input type="checkbox"/> Rental by Client with VASH Housing Subsidy
<input type="checkbox"/> Hospital (Non-Psychiatric)	<input type="checkbox"/> Rental by Client with Other Housing Subsidy (Non-VASH)
<input type="checkbox"/> Hotel or Motel Paid for without an Emergency Shelter Voucher	<input type="checkbox"/> Safe Haven
<input type="checkbox"/> Jail or Prison	<input type="checkbox"/> Staying or Living in a Family Member's Room, Apartment or House
<input type="checkbox"/> Juvenile Detention	<input type="checkbox"/> Staying or Living in a Friend's Room, Apartment, or House
<input type="checkbox"/> Owned by Client, No Housing Subsidy	<input type="checkbox"/> Substance Abuse Treatment Facility or Detox Center
<input type="checkbox"/> Owned by Client, With Housing Subsidy	<input type="checkbox"/> Transitional Housing for Homeless Persons
<input type="checkbox"/> Permanent Housing for Formerly Homeless Persons	<input type="checkbox"/> Don't Know
<input type="checkbox"/> Place Not Meant for Habitation (Car or Other Vehicle, Abandoned Building, Bus/Train/Subway Station/ Airport, Outside Anywhere, Camping)	<input type="checkbox"/> Refused
<input type="checkbox"/> Psychiatric Hospital or Other Psychiatric Facility	<input type="checkbox"/> Other _____

If You Are Currently Housed, Are You Losing Your Housing Within 14 days? ☐ Yes ☐ No ☐ Don't Know
☐ Refused

How Long Have You Stayed at the Place You Spent Last Night? (choose one):

☐ 1 week or less ☐ More than 3 months, but less than 1 year ☐ Don't Know
☐ More than 1 week, less than 1 month ☐ 1 year or longer ☐ Refused
☐ 1 month to 3 months

Total Number of Times Homeless (INCLUDING THIS TIME - choose one):

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 to 7 ☐ 8 to 10 ☐ 11 or More ☐ Don't Know
☐ Refused

Number of Times Homeless Within the Past Three Years (INCLUDING THIS TIME - choose one):

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 to 7 ☐ 8 to 10 ☐ 11 or More ☐ Don't Know
☐ Refused

How Long Have You Been Homeless This Time? (choose one):

☐ Less than 1 month ☐ 7 to 11 months ☐ 6 to 10 years ☐ Don't Know
☐ 1 to 3 months ☐ 12 months to 2 years ☐ More than 10 years ☐ Refused
☐ 4 to 6 months ☐ 3 to 5 years ☐ Not Applicable

Tell Us about Your Last Permanent Address (where you last lived for 90 days or more)

Last Permanent City: _____ State/Province _____

Last Permanent Zip Code _____

☐ Full or Partial ☐ Don't Know ☐ Refused

DOMESTIC ABUSE (For All Individuals and All Family Members)

Domestic Violence Victim/Survivor: ☐ Yes ☐ No ☐ Don't Know ☐ Refused

If yes, When Experience Occurred?:

- | | |
|---|---|
| <input type="checkbox"/> Within the past 3 months | <input type="checkbox"/> More than 1 year ago |
| <input type="checkbox"/> 3 to 6 months ago | <input type="checkbox"/> Don't Know |
| <input type="checkbox"/> 6 to 12 months ago | <input type="checkbox"/> Refused |

INCOME & BENEFITS (For All Individuals and All Family Members)

Income From Work & Other Sources:		
Income Received From Any Source in the Past 30 Days: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused		
Source of Income	Receiving Source of Income?	Amount Received
Income in dollars (i.e. employment income)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	\$ _____
Unemployment Insurance:	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Supplemental Security Income (SSI):	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Social Security Disability Income (SSDI):	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Veteran's Disability Payment:	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Private Disability Insurance:	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Worker's Compensation:	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Temporary Assistance for Needy Families (TANF):	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
General Assistance (GA):	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Retirement from Social Security:	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Veteran's Pension:	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Pension from Former Job:	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Child Support:	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Alimony/Other Spousal Support:	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Aid to the Needy and Disabled (AND):	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Old Age Pension (OAP)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Other Sources: If Other: Describe _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
TOTAL MONTHLY INCOME	Monthly Income From all Sources	\$ _____
Non-Cash Benefits (All Individuals and Family Members)		
Non-Cash Benefit Received from any source in the last 30 days: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused		
	Yes	No
Food Stamps or Money Benefits Card (Supplemental Nutrition Assistance Program (SNAP):	<input type="checkbox"/>	<input type="checkbox"/>
Food Stamps (or SNAP) Amount: \$ _____		
MEDICAID Health Insurance Program:	<input type="checkbox"/>	<input type="checkbox"/>
MEDICARE Health Insurance Program:	<input type="checkbox"/>	<input type="checkbox"/>
State Children's Health Insurance Program:	<input type="checkbox"/>	<input type="checkbox"/>
Women, Infants and Children (WIC):	<input type="checkbox"/>	<input type="checkbox"/>
Veteran's - VA Medical Services:	<input type="checkbox"/>	<input type="checkbox"/>
TANF Child Care Services:	<input type="checkbox"/>	<input type="checkbox"/>
TANF Transportation Services:	<input type="checkbox"/>	<input type="checkbox"/>
TANF (Other TANF-funded Services):	<input type="checkbox"/>	<input type="checkbox"/>
Section 8, Public Housing, or Other Rental Assistance or Housing Vouchers: (Through _____ What _____ Agency?)	<input type="checkbox"/>	<input type="checkbox"/>
Other Benefit Sources: (Through What Agency?)	<input type="checkbox"/>	<input type="checkbox"/>

EDUCATION

Education - For Adults (Age 18+) and Unaccompanied Minors

Currently In School or Working on Any Degree or Certificate?:

☐ Yes ☐ No ☐ Don't Know ☐ Refused

Level of Completed Education:

Received Vocational Training or Apprenticeship Certificate?: ☐ Yes ☐ No ☐ Don't Know ☐ Refused

Highest Level of Education Completed (choose one):

☐ Nursery School to 4th Grade ☐ 10th Grade ☐ GED ☐ Don't Know
☐ 5th or 6th Grade ☐ 11th Grade ☐ Post Secondary ☐ Refused
☐ 7th or 8th Grade ☐ 12th Grade, No Diploma ☐ No schooling
☐ 9th Grade ☐ High School Diploma

If you have received a high school diploma, GED or enrolled in post-secondary education, what degrees have you received?
(check all that apply):

☐ None ☐ Doctorate Degree ☐ Don't Know
☐ Associate's Degree ☐ Other Graduate/Professional Degree ☐ Refused
☐ Bachelor's Degree ☐ Certificate of Advanced Training or Skilled Artisan
☐ Master's Degree

Children's Education (for All Children between ages 5 and 17 only)

Is your child In school now - or if you are completing this form during summer vacation - was your child enrolled during the past school year?: ☐ Yes ☐ No ☐ Don't Know ☐ Refused

If Yes, Current School Name: _____

Current School District: _____

If Yes, was/is the child connected to the McKinney-Vento Homeless Assistance Act school liaison?

☐ Yes ☐ No ☐ Don't Know ☐ Refused

If Yes, Type of School: ☐ Public ☐ Parochial or Other Private School ☐ Don't Know ☐ Refused

If Not Currently In School (Enrolled in School):

If Not In School, last date of enrollment: ____/____/____ (Month/Year)

If Not in School, Why Not? (may check more than one):

☐ None ☐ Transportation ☐ Don't Know
☐ Residency requirements ☐ Lack of available preschool programs ☐ Refused
☐ Availability of school records ☐ Immunization requirements
☐ Birth certificates not available ☐ Physical Examination requirements
☐ Legal guardianship requirements ☐ Other (e.g. Graduation from H.S.)

EMPLOYMENT (for Adults (Age 18+) and Unaccompanied Minors)

Employed: ☐ Yes ☐ No ☐ Don't Know ☐ Refused ☐ Child is a Minor

If Currently Working, How Many Hours Worked in the Past Week: _____

Type of Work: ☐ Permanent ☐ Temporary ☐ Seasonal ☐ Contract-Based ☐ Don't Know ☐ Refused

If unemployed, are you looking for work? If employed, Are you looking for additional employment or increased hours at current job?

☐ Yes ☐ No ☐ Don't Know ☐ Refused

Means of Transportation:

- ☐ Bicycle
 ☐ Owns Car
 ☐ Uses Bus
☐ Family/ Friends
 ☐ Taxi
☐ Handicap Transportation
 ☐ Walks

MILITARY & VETERANS

Served in the U.S. Military (from General Information Tab - Information automatically populated):

If Yes, Answer the following questions:

Client Serving or Has Served: ☐ Yes ☐ No ☐ Don't Know ☐ Refused

If Veteran, Type of Discharge: ☐ Honorable ☐ General ☐ Medical ☐ Bad Conduct ☐ Dishonorable ☐ Other
☐ Don't Know ☐ Refused

What Branch Did You Serve, or Are Currently Serving?:

☐ Navy ☐ Army ☐ Marines ☐ Coast Guard ☐ National Reserves ☐ Air Force
☐ Don't Know ☐ Refused ☐ Other (Explain): _____

If Currently Serving, Anticipated Discharge Date (mm/dd/yyyy): ____/____/____

Military Service (Check all that apply):

<input type="checkbox"/> Persian Gulf Era to Present: (Aug 1991 – Present)	<input type="checkbox"/> Between WWII and Korean War: (Aug 1947 – May 1950)
<input type="checkbox"/> Post Vietnam Era: (May 1975 – Jul 1991)	<input type="checkbox"/> WW II: (Sep 1940 – Jul 1947)
<input type="checkbox"/> Vietnam Era: (Aug 1964 – Apr 1975)	<input type="checkbox"/> Don't Know
<input type="checkbox"/> Between Korean War & Vietnam: (Feb 1955 – Jul 1964)	<input type="checkbox"/> Refused
<input type="checkbox"/> Korean War: (Jun 1950 – Jan 1955)	

How Many Months of Service/Active Duty in Total (Duration of Active Service)? _____

War Zone Service:

Served in a War Zone?: ☐ Yes ☐ No ☐ Don't Know ☐ Refused

If Yes, How Many Months of Service in War Zone: _____

If Yes, Received Hostile or Friendly Fire in War Zone? : ☐ Yes ☐ No ☐ Don't Know ☐ Refused

If Served In War Zone, Which Ones? (Check all that apply):

<input type="checkbox"/> Europe:	<input type="checkbox"/> South China Sea:	<input type="checkbox"/> Persian Gulf:
<input type="checkbox"/> North Africa:	<input type="checkbox"/> China, Burma, India:	<input type="checkbox"/> Other:
<input type="checkbox"/> Vietnam:	<input type="checkbox"/> Korea:	<input type="checkbox"/> Don't Know
<input type="checkbox"/> Laos and Cambodia:	<input type="checkbox"/> South Pacific:	<input type="checkbox"/> Refused

HEALTH - For All Individuals and All Family Members)

General Health Information (For All Individuals and All Family Members)

General Health Rating (<i>choose one</i>): <input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused				
Currently Pregnant?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused				
If Yes, What Is The Due Date ? : (mm/dd/yyyy): ____/____/____				
Health Information (For All Individuals and All Family Members)				
Disabling Condition?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know	<input type="checkbox"/> Refused
Disability Determination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know	<input type="checkbox"/> Refused
Diagnosed HIV/AIDS:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know	<input type="checkbox"/> Refused
(If Yes) Currently Receiving Service or Treatment for this Condition or Received Services/Treatment Prior to Exiting the Program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know	<input type="checkbox"/> Refused
Disability Determination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know	<input type="checkbox"/> Refused
Substance Abuse Problem: Type of Substance Abuse Problem	<input type="checkbox"/> Alcohol Abuse	<input type="checkbox"/> Drug Abuse	<input type="checkbox"/> Both Alcohol and Drug Abuse	<input type="checkbox"/> No
Disability Determination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know	<input type="checkbox"/> No
(If Yes) Expected To Be of Long-Continued and Indefinite duration and Substantially Impairs Ability to Live Independently?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know	<input type="checkbox"/> Refused
(If Yes) Currently Receiving Service or Treatment for this Condition or Received Services/Treatment Prior to Exiting the Program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know	<input type="checkbox"/> Refused
Mental Health Problems:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know	<input type="checkbox"/> Refused
(If Yes) Expected To Be of Long-Continued and Indefinite duration and Substantially Impairs Ability to Live Independently?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know	<input type="checkbox"/> Refused
Disability Determination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know	<input type="checkbox"/> Refused
(If Yes) Currently Receiving Service or Treatment for this Condition or Received Services/Treatment Prior to Exiting the Program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know	<input type="checkbox"/> Refused
Physical/Medical Disability:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know	<input type="checkbox"/> Refused
(If Yes) Currently Receiving Service or Treatment for this Condition or Received Services/Treatment Prior to Exiting the Program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know	<input type="checkbox"/> Refused
Disability Determination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know	<input type="checkbox"/> Don't Know
Developmental Disability:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know	<input type="checkbox"/> Refused

(If Yes) Currently Receiving Service or Treatment for this Condition or Received Services/Treatment Prior to Exiting the Program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know	<input type="checkbox"/> Refused
Disability Determination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know	<input type="checkbox"/> Refused
Chronic Health Condition:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know	<input type="checkbox"/> Refused
(If Yes) Currently Receiving Service or Treatment for this Condition or Received Services/Treatment Prior to Exiting the Program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know	<input type="checkbox"/> Refused
Disability Determination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know	<input type="checkbox"/> Refused

Self Sufficiency Matrix- Summary

Housing Domain:

- ☐ Homeless or threatened with eviction
- ☐ In transitional, temporary or substandard housing; and/or current rent or mortgage payment is unaffordable
- ☐ In stable housing that is safe but only marginally adequate
- ☐ Housing is safe, adequate, subsidized
- ☐ Housing is safe, affordable, adequate, unsubsidized
- ☐ Don't Know
- ☐ Refused

Income Domain:

- ☐ No Income.
- ☐ Inadequate income and/or spontaneous or inappropriate spending.
- ☐ Can meet basic needs with subsidy; appropriate spending.
- ☐ Can meet basic needs and manage debt without assistance.
- ☐ Income is sufficient, well managed; has discretionary income and is able to save.
- ☐ Don't Know
- ☐ Refused

FOR AGENCY USE ONLY:

Go to Household Tab to Add Additional Family Members

(FOR AGENCY USE ONLY)

If enrolling in // exiting out of housing program:

If providing service(s):

<p>1. Program Name: _____</p> <p>Entry Date: ____/____/____ (if enrolling)</p> <p>Exit Date: ____/____/____ (if exiting. Leave blank if client not exiting out of program)</p>	<p>Service Name # 1: _____</p> <p>_____</p> <p>Entry Date: ____/____/____</p> <p>Exit Date: ____/____/____</p> <p>Status: Closed, Identified, or in Progress (check one)</p> <p>#Units: _____</p>												
<p><u>If exiting from program:</u></p> <p>Reason for leaving (choose one):</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"><input type="checkbox"/> Completed Program</td> <td style="width: 50%; padding: 2px;"><input type="checkbox"/> Criminal Activity / Violence</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Death</td> <td style="padding: 2px;"><input type="checkbox"/> Disagreement with rules/persons</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Left for housing opp. Before completing program</td> <td style="padding: 2px;"><input type="checkbox"/> Needs could not be met</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Non-compliance with program</td> <td style="padding: 2px;"><input type="checkbox"/> Non-payment of rent</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Other (Please specify) _____</td> <td style="padding: 2px;"><input type="checkbox"/> Reached maximum time allowed</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Unknown / Disappeared</td> <td></td> </tr> </table>	<input type="checkbox"/> Completed Program	<input type="checkbox"/> Criminal Activity / Violence	<input type="checkbox"/> Death	<input type="checkbox"/> Disagreement with rules/persons	<input type="checkbox"/> Left for housing opp. Before completing program	<input type="checkbox"/> Needs could not be met	<input type="checkbox"/> Non-compliance with program	<input type="checkbox"/> Non-payment of rent	<input type="checkbox"/> Other (Please specify) _____	<input type="checkbox"/> Reached maximum time allowed	<input type="checkbox"/> Unknown / Disappeared		<p><u>If providing service(s):</u></p> <p>Service Name # 2: _____</p> <p>_____</p> <p>Entry Date: ____/____/____</p> <p>Exit Date: ____/____/____</p> <p>Status: Closed, Identified, or in Progress (check one)</p> <p>#Units: _____</p>
<input type="checkbox"/> Completed Program	<input type="checkbox"/> Criminal Activity / Violence												
<input type="checkbox"/> Death	<input type="checkbox"/> Disagreement with rules/persons												
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<input type="checkbox"/> Non-compliance with program	<input type="checkbox"/> Non-payment of rent												
<input type="checkbox"/> Other (Please specify) _____	<input type="checkbox"/> Reached maximum time allowed												
<input type="checkbox"/> Unknown / Disappeared													

<p><u>If exiting from program:</u></p> <p style="text-align: center;">Destination (choose one):</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"><input type="checkbox"/> Deceased</td> <td style="width: 50%; padding: 2px;"><input type="checkbox"/> Don't Know</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Emergency shelter, including hotel or motel paid for with Emergency Shelter voucher</td> <td style="padding: 2px;"><input type="checkbox"/> Foster care home or foster care group home</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Hospital (non-psychiatric)</td> <td style="padding: 2px;"><input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Jail, prison or juvenile detention facility</td> <td style="padding: 2px;"><input type="checkbox"/> Other (Please specify) _____</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Owned by client, no housing subsidy</td> <td style="padding: 2px;"><input type="checkbox"/> Owned by client, with housing subsidy</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Permanent supportive housing for formerly homeless persons (such as SHP, S+C, or SRO Mod Rehab)</td> <td style="padding: 2px;"><input type="checkbox"/> Place not meant for habitation (e.g. , a vehicle or anywhere outside)</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Psychiatric hospital or other psychiatric facility</td> <td style="padding: 2px;"><input type="checkbox"/> Refused</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Rental by client, no housing subsidy</td> <td style="padding: 2px;"><input type="checkbox"/> Rental by client, other (non-VASH) housing subsidy</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Rental by client, VASH Subsidy</td> <td style="padding: 2px;"><input type="checkbox"/> Safe Haven</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Staying or living with family, permanent tenure</td> <td style="padding: 2px;"><input type="checkbox"/> Staying or living with family, temporary tenure</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Staying or living with friends, permanent tenure</td> <td style="padding: 2px;"><input type="checkbox"/> Staying or living with friends, temporary tenure</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Substance abuse treatment facility or detox center</td> <td style="padding: 2px;"><input type="checkbox"/> Transitional housing for homeless persons (including homeless youth)</td> </tr> </table>	<input type="checkbox"/> Deceased	<input type="checkbox"/> Don't Know	<input type="checkbox"/> Emergency shelter, including hotel or motel paid for with Emergency Shelter voucher	<input type="checkbox"/> Foster care home or foster care group home	<input type="checkbox"/> Hospital (non-psychiatric)	<input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher	<input type="checkbox"/> Jail, prison or juvenile detention facility	<input type="checkbox"/> Other (Please specify) _____	<input type="checkbox"/> Owned by client, no housing subsidy	<input type="checkbox"/> Owned by client, with housing subsidy	<input type="checkbox"/> Permanent supportive housing for formerly homeless persons (such as SHP, S+C, or SRO Mod Rehab)	<input type="checkbox"/> Place not meant for habitation (e.g. , a vehicle or anywhere outside)	<input type="checkbox"/> Psychiatric hospital or other psychiatric facility	<input type="checkbox"/> Refused	<input type="checkbox"/> Rental by client, no housing subsidy	<input type="checkbox"/> Rental by client, other (non-VASH) housing subsidy	<input type="checkbox"/> Rental by client, VASH Subsidy	<input type="checkbox"/> Safe Haven	<input type="checkbox"/> Staying or living with family, permanent tenure	<input type="checkbox"/> Staying or living with family, temporary tenure	<input type="checkbox"/> Staying or living with friends, permanent tenure	<input type="checkbox"/> Staying or living with friends, temporary tenure	<input type="checkbox"/> Substance abuse treatment facility or detox center	<input type="checkbox"/> Transitional housing for homeless persons (including homeless youth)	<p><u>If providing service(s):</u></p> <p>Service Name # 3: _____</p> <p>Entry Date: ___/___/___</p> <p>Exit Date: ___/___/___</p> <p>Status: Closed, Identified, or in Progress (check one)</p> <p>#Units: _____</p> <p><u>If providing service(s):</u></p> <p>Service Name # 4: _____</p> <p>Entry Date: ___/___/___</p> <p>Exit Date: ___/___/___</p> <p>Status: Closed, Identified, or in Progress (check one)</p> <p>#Units: _____</p>
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<input type="checkbox"/> Substance abuse treatment facility or detox center	<input type="checkbox"/> Transitional housing for homeless persons (including homeless youth)																								

Please copy additional pages as required.



NM HMIS Client Consent Form

[Agency Name]

The New Mexico Coalition to End Homelessness, on behalf of the New Mexico Continuums of Care, the New Mexico Mortgage Finance Authority and the City of Albuquerque, administers a computerized record keeping system, NM HMIS, which captures information about people experiencing homelessness, including their service needs. Many New Mexico agencies have decided to use NM HMIS as their data management tool to collect information on the clients they serve and the services they provide.

How this process can benefit you is that basic information that you provided in your intake interview can be shared, with your written consent, from this service program to the other collaborating agencies that agree to adhere to privacy protection and confidentiality rules. The direct benefit to you is that this may speed up any future intake interviews at other agencies.

If you consent, you are providing permission to enter and securely store your information, as well as that of your household members in NM HMIS, as well for **Error! Reference source not found.** to share your intake information with the other collaborating agencies to be used for an initial intake assessment. This information includes basic demographic information, residential, employment skills/ income, military/ legal. This will not take place unless you provide written consent. Medical, mental health or substance use history will be shared only with the New Mexico Coalition to End Homelessness for the purpose of compiling data summaries, but will not be shared with any other agency.

You can choose to have any information that you have shared deleted from the system at any time. The information that you provide will also be used for reporting requirements and advocacy (without any identifying information).

Your consent is helpful to our agency because it makes record keeping for our agency more efficient, **but your consent is not required for you to receive services from our agency.**

I, _____
(Participant Name Printed)

☐ DO CONSENT

☐ DO NOT CONSENT

to have information (demographic, residential, date of birth, social security number and veteran status) that I provided in intake interviews to staff at the agency named below to be shared electronically with the other collaborating agencies using NM HMIS, and to have other personal information (medical, mental health, substance use history, income, housing, goals and outcomes) that I provided in intake and exit interviews to staff at the agency named below to be shared electronically with the New Mexico Coalition to End Homelessness for the purpose of compiling data summaries.

I understand that I may ask to have this information removed from NM HMIS at any time in the future

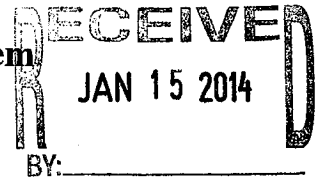
Participant Signature

Date

Agency Signature

Date

**New Mexico Homeless Management Information System
Charter
January 2014**



This charter establishes a structure for the governance, management and operation of the New Mexico Homeless Management Information System. It replaces the governance structure document of 2010 and supplements the MOU concerning HMIS between the NM Mortgage Finance Authority, the City of Albuquerque and the New Mexico Coalition to End Homelessness.

One HMIS System for New Mexico's Two CoCs

New Mexico has one HMIS system for both the Albuquerque Continuum of Care and the New Mexico Balance of State Continuum of Care. These two continuums cover the entire state of New Mexico. The system will be known as the New Mexico Homeless Management Information System or New Mexico HMIS.

HMIS Lead Agency

The New Mexico Coalition to End Homelessness is designated as the HMIS Lead agency for the Balance of State Continuum of Care and the Albuquerque Continuum of Care. As the HMIS Lead, the New Mexico Coalition to End Homelessness is responsible for managing the New Mexico HMIS and is designated as the agency that will apply for funding to operate the New Mexico HMIS.

A separate companion MOU defines the responsibilities of the New Mexico Coalition to End Homelessness, the City of Albuquerque and the New Mexico Mortgage Finance Authority for ensuring the successful operation of the New Mexico HMIS. This MOU is updated annually.

Relationship of HMIS and the Continuums of Care

New Mexico has two Continuum of Care regions CoCs, the City of Albuquerque and the Balance of State. Both CoCs use the New Mexico HMIS and both CoCs have representatives on the HMIS Governing Committee to ensure that HMIS is meeting the needs of both CoCs. The Collaborative Applicant for the Balance of State CoC is the New Mexico Coalition to End Homelessness under a contract with the New Mexico Mortgage Finance Authority. The Collaborative Applicant for the Albuquerque CoC is the City of Albuquerque which contracts for assistance from the New Mexico Coalition to End Homelessness. Thus the HMIS Lead Agency is also involved in staffing both CoCs.

HMIS Governing Committee

The HMIS Governing Committee is the decision making body for the NM HMIS project. The HMIS Governing Committee makes decisions about budget, software vendors, and any other major actions needed for the project. Members of the Governing Committee will serve two year terms and may be re-elected at the end of their term. There are no term limits. Members of the NM HMIS Governing Committee will be:

- 1 representative from the New Mexico Mortgage Finance Authority,
- 1 representative from the City of Albuquerque,
- 1 representative from the New Mexico Coalition to End Homelessness,
- 1 HMIS user representative from the New Mexico Balance of State Continuum of Care,
- 1 HMIS user representative from the Albuquerque Continuum of Care,
- 1 homeless or formerly homeless representative.

The initial members of the Governing Committee will be the appointed representatives from MFA, NMCEH and the City of Albuquerque. The initial members will elect the other members. Future members representing the three partners will be appointed by MFA, COA, and NMCEH and the other members will be elected by the sitting members of the Committee. The NM HMIS Governing Committee will meet once a quarter or more often if needed with a call in option for people living outside of Albuquerque.

The NM HMIS Governing Committee will be staffed by the HMIS Project Director who is a staff person of NMCEH. The NM HMIS Governing Committee will review and approve policies for the NM HMIS. The NM HMIS Governing Committee will work with the HMIS Lead to plan for the strategic expansion of the HMIS project.

Financial decisions that affect NMCEH, MFA or the COA would be subject to approval by the appropriate administrators or governing bodies of these organizations.

Privacy, Security and Data Quality

The HMIS Lead is responsible for developing a privacy plan, security plan and a data quality plan for the New Mexico HMIS. These plans are subject to review and approval by the HMIS Governing Committee. The HMIS Lead will submit the plans to the Albuquerque Continuum of Care Board and the NM Balance of State Continuum of Care board for review and suggestions.

Consistent Participation of Recipients and Sub-recipients

The New Mexico Coalition to End Homelessness as the HMIS Lead will encourage the consistent participation of the recipients and sub-recipients of HUD homeless assistance funding. The Coalition will enlist the assistance of the NM Mortgage Finance Authority and the City of Albuquerque and other recipients to encourage participation by agencies that are sub-recipients of theirs and to use enforcement measures if necessary.

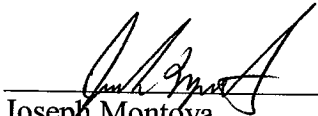
Compliance with Other HUD Requirements

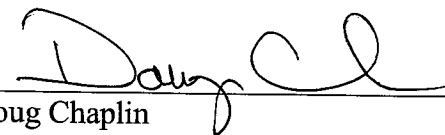
The New Mexico Coalition to End Homelessness will be responsible for ensuring that the New Mexico HMIS project is administered in compliance with all HUD requirements. When there is a change in HUD requirements the Coalition will bring the new requirements to the attention of the HMIS Governing Committee along with a plan for any changes necessary to the administration of the New Mexico HMIS that are a result of new HUD requirements.

Comparable Database for Domestic Violence Agencies

The New Mexico HMIS includes a comparable database for domestic violence agencies. The New Mexico Coalition to End Homelessness consults with the New Mexico Coalition Against Domestic Violence to assist with the operation of the comparable database and to assure compliance with Violence Against Women Act (VAWA) policy and procedure requirements.

Agreed to:

JA
1-16-14  Date: 1/21/14
Joseph Montoya
Deputy Director of Programs
NM Mortgage Finance Authority

 Date: 1/13/14
Doug Chaplin
Director
Department of Family and Community Services
City of Albuquerque

 Date: 2/3/14
Hank Hughes
Executive Director
New Mexico Coalition to End Homelessness